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DLN: 93493134019566

# Form **990**

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

▶ Do not enter social security numbers on this form as it may be made public

▶ Information about Form 990 and its instructions is at <a href="www.IRS.gov/form990">www.IRS.gov/form990</a>

OMB No 1545-0047

Open to Public Inspection

A Fo	r the 2	2014 ca	ılendar year, or tax year beginni	ng 07-01-2014 , and ending 0	6-30-2015				
<b>B</b> Che	eck if ap	pplicable	C Name of organization				D Empl	oyer iden	tification number
	ress ch		THE NEW YORK PUBLIC LIBRARY ASTOR LENOX AND TILDEN FOUND	ATIONS			13_1	887440	
□ Naı	ne chai	nae	% TODD M CORBIN CIO & VP FIN Doing business as				13-1	007440	
	ıal retui	_	Doing business as			l l			
		111	Number and street (or P.O. box if	mail is not delivered to street address	) Room/suite		E Teleph	none numb	per
	ırn/tern	nınated	445 FIFTH AVENUE		, , , , , , , , , , , , , , , , , , , ,		(212	) 592-7	405
_	ended i dication	return ı pendıng	NEW YORK, NY 10016	untry, and ZIP or foreign postal code			<b>G</b> Gross	receipts \$	701,336,807
			<b>F</b> Name and address of pr	incipal officer		H(a) In thu		n raturn	for
			ANTHONY W MARX Pres C			<b>H(a)</b> Is this subor	s a grou dinates?		⊤Yes <b>√</b> No
			476 FIFTH AVE NEW YORK, NY 10018						
			NEW TORK, NT 10018			H(b) Are a		linates	Γ Y es Γ No
Ta	r-exem	pt status	s 501(c)(3) 501(c)( ) •	(Insert no )	527	ınclud If "No		halıst (	(see instructions)
J W	ebsite	: <b>►</b> W	WW NYPL ORG			H(c) Grou	p exemp	tion num	nber ►
K Forr	n of ord	a nizatio	n 🔽 Corporation 🗀 Trust 🦳 Associati	on C Other b		L Year of for	mation 1	905 M	State of legal domicile NY
	rt I		nmary	on other F		L Teal of lot	mation 1	093	state of legal doffficile. NT
Га									
2	7	ГНЕ МІ	describe the organization's miss ISSION OF THE NEW YORK PU GTHEN OUR COMMUNITIES			G LEARNIN	G, ADV	ANCE KI	NO WLEDGE, AND
Governance	_								
e e	-								
9	2 (	Check t	this box 🛏 if the organization d	iscontinued its operations or d	isposed of	more than 2	5% of it	s net as	sets
	٠.	NI la						1 - 1	4.4
Activities &			r of voting members of the gover					3	44
Ě			r of independent voting members					4	43
ਙ			umber of individuals employed in	, , , ,	•			5	3,756
⋖			umber of volunteers (estimate if				•	6	1,525
			nrelated business revenue from				•	7a	854,791
	Ь	vet unr	related business taxable income	from Form 990-1, line 34 .		I	•	7b	430,506
	_						Year	101	Current Year
a)			ributions and grants (Part VIII,			2	17,031		222,414,273
eni	9 Program service revenue (Part VIII, line 2g)						3,622,859		2,764,031
Revenue	10	` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `					79,802,891		172,331,064
_	11		r revenue (Part VIII, column (A) I revenue—add lines 8 through 1		-		6,544	,1 / 1	6,278,224
	12		· · · · · · · · · · · · · · · ·			3	07,001	,102	403,787,592
	13		ts and sımılar amounts paıd (Par				1,353	,138	2,037,058
	14	Bene	fits paid to or for members (Part	IX, column (A), line 4)				0	0
	15		ries, other compensation, employ			<u> </u>	185,300,118		102.000.260
8		5-10	0)						183,090,269
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)					1,079	,127	1,258,175
ਡੌ	b	Total f	fundraising expenses (Part IX, column (	D), line 25) 🕨 9,976,762					
_	17	Othe	r expenses (Part IX, column (A)		1	24,798	,737	124,150,418	
	18	Total	l expenses Add lines 13-17 (m	ıne 25)	312,531,12		,120	310,535,920	
	19	Reve	nue less expenses Subtract line	e 18 from line 12			-5,530	,018	93,251,672
Net Assets or Fund Balances						Beginning	of Curre	ent	End of Year
20 de 1	20	Total	l assets (Part X, line 16)				92,224	323	1,729,832,399
A.S.	21		I liabilities (Part X, line 26)		• •		95,457		372,963,745
2 £	22		assets or fund balances Subtrac				96,766		1,356,868,654
	t II		nature Block	time 21 nom me 20	• • •	1,1	90,700	, 4 / 2	1,330,000,034
my kı	rer ha	dge and is any k	f perjury, I declare that I have exit belief, it is true, correct, and coknowledge  **** nature of officer			n officer) is l	oased or 16-05-11		
1161.0	-		d m corbin CIO & ACTING VP FIN pe or print name and title						
		<u> </u>	Print/Type preparer's name	Preparer's signature	Date		k 🗆 ıf	PTIN	
Paid	1		devin I duncan	devin I duncan		c ac ac I clied	:к ј іт employed	001010	521
	ı pare		Firm's name ► KPMG LLP			Firm	s EIN 🕨		
	pare Onl		Fırm's address ► 345 Park Avenue			Phor	ne no (21	2) 758-97	00

New York, NY 101540102

✓ Yes ☐ No

4e Total program service expenses ►

264,903,401

Form 990 (	2014)
Part IV	Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νo
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	Yes	
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part $IV^{\square}$	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10?  If "Yes," complete Schedule D, Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Νo
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part $X^{f color}$	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	Yes	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20h		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			1
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Νo
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$ . $.$	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section $512(b)(13)$ ?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			厂_
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   624		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a 624  Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
Ĭ	gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
32	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country   See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
	contract?	7e		Νo
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
.0	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states			
_	The which the organization is need to issue qualified health plans			
	Did the organization receive any payments for indoor tanning services during the tax year?	   14a		Νo
	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14a		140

Form 990 (2014) Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a Part VI "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI . . . . . . . . . . . . . . . . . . Section A. Governing Body and Management

	ector A. Governing Body and Planagement					
					Yes	No
<b>1</b> a	Enter the number of voting members of the governing body at the end of the tax year	1a	44			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	43			
2	Did any officer, director, trustee, or key employee have a family relationship or a bus other officer, director, trustee, or key employee?		·	2	Yes	
3	Did the organization delegate control over management duties customarily performe supervision of officers, directors or trustees, or key employees to a management control of the control			3		No
4	Did the organization make any significant changes to its governing documents since filed?	the p	orior Form 990 was	4		No
5	Did the organization become aware during the year of a significant diversion of the or	rganız	ation's assets? .	5		Νo
6	Did the organization have members or stockholders?			6		Νo
7a	Did the organization have members, stockholders, or other persons who had the pow more members of the governing body?	erto	elect or appoint one or	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approva or persons other than the governing body?			7b		No
8	Did the organization contemporaneously document the meetings held or written active year by the following	ons u	ndertaken during the			
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, organization's mailing address? <i>If "Yes," provide the names and addresses in Schedule</i>			9		No
Se	ection B. Policies (This Section B requests information about policies not	requ	ired by the Internal R	eveni	ue Cod	e.)
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		Νo
b			<b></b>			
	If "Yes," did the organization have written policies and procedures governing the act affiliates, and branches to ensure their operations are consistent with the organization			10b		
11a	, , , , , , , , , , , , , , , , , , , ,	on's e	xempt purposes?	10b 11a	Yes	
	affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of its	on's e s gov	exempt purposes? erning body before filing		Yes	
b	affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	on's e s gov · ·	exempt purposes?  erning body before filing		Yes	
b 12a	affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	on's e s gov orm 9	exempt purposes?  erning body before filing	11a		
b 12a b	affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	on's ess gov  form S  ly inte  the p	erests that could give olicy? If "Yes," describe	11a	Yes	
b 12a b c	affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?	on's ess gov  form S  ly inte  the p	erests that could give olicy? If "Yes," describe	11a 12a 12b	Yes Yes	
b 12a b	affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.	on's ess gov	erning body before filing	11a 12a 12b	Yes Yes Yes	
b 12a b c	affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this FD id the organization have a written conflict of interest policy? If "No," go to line 13. Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done	on's essential section of the plants of the	erning body before filing  erning body before filing  erests that could give  olicy? If "Yes," describe  ond approval by	11a 12a 12b 12c 13	Yes Yes Yes	
b 12a b c 13 14	affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this Fold the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review.	on's ess gov  Form 9  ly inte  the p  iew arise deli	erning body before filing  erning body before filing  erning body before filing  erests that could give  olicy? If "Yes," describe  od approval by beration and decision?	11a 12a 12b 12c 13	Yes Yes Yes	
b 12a b c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization. Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990 to the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the	on's eas governments of the property of the pr	erning body before filing	11a 12a 12b 12c 13 14	Yes Yes Yes Yes	
b 12a b c 13 14 15	affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990 to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the The organization's CEO, Executive Director, or top management official	on's eas governments of the property of the pr	erning body before filing	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	
b 12a b c 13 14 15 a b	affiliates, and branches to ensure their operations are consistent with the organization Has the organization provided a complete copy of this Form 990 to all members of it the form?  Describe in Schedule O the process, if any, used by the organization to review this Form 990 to the organization have a written conflict of interest policy? If "No," go to line 13.  Were officers, directors, or trustees, and key employees required to disclose annually rise to conflicts?  Did the organization regularly and consistently monitor and enforce compliance with in Schedule O how this was done.  Did the organization have a written whistleblower policy?  Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a revindependent persons, comparability data, and contemporaneous substantiation of the organization's CEO, Executive Director, or top management official.  Other officers or key employees of the organization	on's e	erning body before filing	11a 12a 12b 12c 13 14	Yes Yes Yes Yes Yes Yes	No

#### **Section C. Disclosure**

- 17 List the States with which a copy of this Form 990 is required to be filed AK, CA, CT, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NC, ND, OH, OK, OR, PA, SC,  $\mathsf{TN}$  ,  $\mathsf{UT}$  ,  $\mathsf{VA}$  ,  $\mathsf{WA}$  ,  $\mathsf{WV}$  ,  $\mathsf{WI}$
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply
  - Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
- State the name, address, and telephone number of the person who possesses the organization's books and records ►TODD M CORBIN CIO VP FIN 445 FIFTH AVE

Form 990 (2014)	
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## Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - ◆ List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

any hours for related organizations (W- organizations (W- organizations (W- organization (W- 2/1099-MISC) organization related	(A) Name and Title	for related organizations below		•	` `	organization and
--	-----------------------	---------------------------------------	--	---	-----	------------------

Form 990 (2014)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and Title	(B) A verage hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					;	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	organization (w- 2/1099-MISC)	2/1099-MISC)	organization and related organizations

1b	Sub-Total	►			
C	Total from continuation sheets to Part VII, Section A	►			
d	Total (add lines 1b and 1c)	•	6,111,275	0	1,939,380

Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization►131

			Yes	No	
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee				
	on line 1a? If "Yes," complete Schedule I for such individual	3	Yes	<u> </u>	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such</i>				
	ındıvıdual	4	Yes		
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No	

#### **Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
SPARTAN SECURITY SERVICES INC, ONE PARK AVENUE NEW YORK, NY 10016	SECURITY	4,146,251
RESEARCH COLLECTIONS PRESERVATION, 701 CARNEGIE CENTER PRINCETON, NJ 08540	PRESERV & CONSTRUC	1,844,720
CLANCY MOVING SYSTEMS INC, 2963 ROUTE 22 PATTERSON, NJ 12563	STORAGE & RETRIEVAL	1,472,992
DONNELLY MECHANICAL CORP, 96-59 222ND STREET QUEENS VILLAGE, NY 11429	HVAC SERVICES	1,026,553
THE LUKENS COMPANY INC, 2800 SHIRLINGTON ROAD ARLINGTON, VA 22206	FUNDRAISING	982,002
2 Total number of independent contractors (including but not limited to those listed above	) who received more than	

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►76

Form 99		•						Page <b>S</b>
Part \	ЛΠ	Statement of Check of Sched	of Revenue ule O contains a respoi	nse or note to any lir	ne in this Part VIII			দ
		oncen ii oonea	are o contains a respo		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
(0	1a	Federated cam	paigns 1a					
Grants tmounts	ь	Membership du	ıes <b>1b</b>					
Gra mo	c	Fundraising ev	ents <b>1c</b>	4,452,780				
Giffs, iilar Ai	d		zations 1d					
<u>≣</u>		Government grant		175,409,689				
ns,	е	_						
e ë	f	All other contribute similar amounts no	ons, gifts, grants, and <b>1f</b> ot included above	42,551,804				
들 돌	g	Noncash contributi 1a-1f \$	ons included in lines	2,532,098		į		
Contributions, Giffs, Grants and Other Similar Amounts	h	Total. Add line	s 1 a - 1 f		222,414,273			
<u>ه</u>	<del>  "</del>	Totali / Ga ilile			, ,			
Ξe	2a	FINES AND FEES		Business Code 900099	2 262 147	2 262 147		
Program Serwce Revenue	b	TICKET SALES		900099	2,362,147 194,060	2,362,147 194,060		
or GE	C	PHOTOCOPY, MICI	ROFILM	519100	182,841	182,841		
Y Y	d	INFORMATION SER		519100	24,983	24,983		
38	e	IN OKMATION SEE	· · · · · · · · · · · · · · · · · · ·	319100	24,963	24,963		
Ē	f	Δ II other progra	am service revenue					
Ĭ	Ι.							
<u>-</u>	g		s 2a-2f		2,764,031			
	3		come (including dividen ar amounts)	· · · · · · · · · · · · · · · · · · ·	14,388,477		-321,188	14,709,66
	4		stment of tax-exempt bond	<u> </u>	0			
	5	Royalties .		🕨	167,048			167,04
			(ı) Real	(11) Personal				
	6a	Gross rents	54,082					
	Ь	Less rental expenses						
	C	Rental income or (loss)	54,082	0				
	d	• •	me or (loss)		54,082			54,08
			(ı) Securities	(II) Other				
	7a	Gross amount from sales of assets other than inventory	192,235,962	259,521,909				
	ь	Less cost or	176 414 220	117.401.054				
		other basis and sales expenses	176,414,230	117,401,054				
	C	Gain or (loss)	15,821,732	142,120,855	4 57 042 507		720.052	457 202 52
	d		ss)		157,942,587		739,053	157,203,534
Other Revenue	8a	events (not inc \$4,452	2,780 s reported on line 1c)					
r Œ	1		а	258,035				
the the	Ь		penses <b>b</b>	341,965	02.022			00.00
Ò	C		(loss) from fundraising	events 🛌	-83,930			-83,93
	ya 		from gaming activities ne 19 <b>a</b>					
	ь		penses b					
			(loss) from gamıng actı	vities	0			
	10a	Gross sales of returns and allo		3,398,200				
			oods sold <b>b</b> (loss) from sales of inv	3,391,966 entory <b>-</b>	6,234	-25,038	31,272	
		Mıscellaneou	s Revenue	Business Code				
	11a	FEE - USE OF	SPACE	532000	3,096,367		405,654	
	Ь	UNIVERSAL S REIMBURSEM	ENT	900099 519100	1,933,634 284,743	284,743		1,933,634
	C	PUBLICATION		213100	820,046	820,046		
	d e	All other reven  Total. Add lines		🕨	620,046	020,040		
				• • • •	6,134,790			
	12	Total revenue.	See Instructions .	📂	403,787,592	3,843,782	854,791	176,674,746

#### Part IX Statement of Functional Expenses

Section $501(c)(3)$ and $501(c)(4)$ organizations must complete all columns. All other organizations must complete column	All other organizations must complete column (/	Allother	t complete all columns	organizations must	c)(4)	and 501(c	n 501(c)(3	Sectio
---	---	----------	------------------------	--------------------	-------	-----------	------------	--------

Section	on 501(c)(3) and 501(c)(4) organizations must complete all columns Al Check if Schedule O contains a response or note to any line in this				
	ot include amounts reported on lines 6b, p, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	659,348	659,348		
2	Grants and other assistance to domestic individuals See Part IV, line 22	1,377,710	1,377,710		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	6,420,651	2,368,020	3,360,702	691,929
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	117,231,622	103,499,866	10,344,089	3,387,667
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	19,374,736	16,967,387	1,819,636	587,713
9	Other employee benefits	30,755,036	26,525,179	3,229,351	1,000,506
10	Payroll taxes	9,308,224	7,998,003	1,004,131	306,090
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	651,137		644,678	6,459
c	Accounting	468,305		468,305	
d	Lobbying	60,000		60,000	
e	Professional fundraising services See Part IV, line 17	1,258,175			1,258,175
f	Investment management fees	10,180,877		10,180,877	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	11,211,672	9,344,925	1,222,441	644,306
12	Advertising and promotion	2,148,933	700,854	287,624	1,160,455
13	Office expenses	8,816,101	8,366,440	329,650	120,011
14	Information technology	4,448,318	3,988,477	390,585	69,256
15	Royalties	0			
16	Occupancy	22,618,294	21,865,864	508,445	243,985
17	Travel	444,834	385,846	29,554	29,434
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	442,677	374,395	66,421	1,861
20	Interest	4,353,512	3,843,511	356,771	153,230
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	23,684,855	22,930,989	527,926	225,940
23	Insurance	2,029,596	1,835,614	190,754	3,228
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	BOOKS AND BINDING	27,840,125	27,840,125		
b	BUILDING REPAIRS& RENOVATIONS	1,569,535	1,431,807	117,855	19,873
c	AUTO LEASES,REPAIRS&SUPPLIES	522,375	522,375		
d	UNRELATED BUSINESS INC TAX	48,582		48,582	
e	All other expenses	2,610,690	2,076,666	467,380	66,644
25	Total functional expenses. Add lines 1 through 24e	310,535,920	264,903,401	35,655,757	9,976,762
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)				

#### Part X Balance Sheet

	τχ	Check if Schedule O contains a response or note to any line	ın this	Part X	<u> </u>		
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash-non-interest-bearing			55,508	1	59,262
	2	Savings and temporary cash investments			52,022,010	2	45,276,537
	3	Pledges and grants receivable, net			80,518,163	3	62,064,524
	4	Accounts receivable, net			7,380,738	4	18,535,151
ts	5	Loans and other receivables from current and former officer key employees, and highest compensated employees Com Schedule L	art II of	o	5	0	
	6	Loans and other receivables from other disqualified persons section 4958(f)(1)), persons described in section 4958(c)(employers and sponsoring organizations of section 501(c)(beneficiary organizations (see instructions) Complete Part	(3 <sup>°</sup> )(B), 9) volu	and contributing ntary employees'	0	6	0
Assets	_	Notes and loans resourchle, not			0	7	
¥.	7	Notes and loans receivable, net			187,812		212,422
	8	Inventories for sale or use			2,041,325		2,270,078
	9	Prepaid expenses and deferred charges	 I	• • • 	2,041,325	9	2,270,078
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	690,025,846			
	b	Less accumulated depreciation	10b	343,871,751	284,948,262		346,154,095
	11	Investments—publicly traded securities			292,326,061		354,281,991
	12	Investments—other securities See Part IV, line 11			860,542,792	12	895,636,276
	13	Investments—program-related See Part IV, line 11		•	0	13	0
	14	Intangible assets			0		0
	15	Other assets See Part IV, line 11			12,201,652	15	5,342,063
	16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)			1,592,224,323	16	1,729,832,399
	17	Accounts payable and accrued expenses		75,649,724	17	84,830,920	
	18	Grants payable		0	18	0	
	19	Deferred revenue	59,495,191	19	2,342,016		
	20	Tax-exempt bond liabilities	76,000,002	20	0		
$\mathcal{Q}$	21	Escrow or custodial account liability Complete Part IV of S	0	21	0		
Liabilitie	22	Loans and other payables to current and former officers, dir key employees, highest compensated employees, and disqu					
ф		persons Complete Part II of Schedule L			0	22	0
	23	Secured mortgages and notes payable to unrelated third pa	rties		0	23	0
	24	Unsecured notes and loans payable to unrelated third partie	es .		0	24	629,833
	25	Other liabilities (including federal income tax, payables to rand other liabilities not included on lines 17-24) Complete					
		D			184,312,934	25	285,160,976
	26	<b>Total liabilities.</b> Add lines 17 through 25			395,457,851	26	372,963,745
s e o		Organizations that follow SFAS 117 (ASC 958), check here lines 27 through 29, and lines 33 and 34.	►  √ a	ınd complete			
a D	27	Unrestricted net assets			400,801,670	27	557,297,883
<u> </u>	28	Temporarily restricted net assets		357,094,777	28	356,542,690	
귤	29	Permanently restricted net assets			438,870,025	29	443,028,081
Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), chec	k here	►			
5		complete lines 30 through 34.					
Assets	30	Capital stock or trust principal, or current funds				30	
Š	31	Paid-in or capital surplus, or land, building or equipment fur				31	
4	32	Retained earnings, endowment, accumulated income, or oth			4 400 === 4==	32	
Ř	33	Total net assets or fund balances			1,196,766,472	33	1,356,868,654
	34	Total liabilities and net assets/fund balances	•		1,592,224,323	34	1,729,832,399

Par	Reconcilliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI				<del>.</del>
1	Total revenue (must equal Part VIII, column (A), line 12)				
2	Total expenses (must equal Part IX, column (A), line 25)	1		403,7	787,592
2	Total expenses (must equal Fait 17, column (A), me 23)	2		310,5	35,920
3	Revenue less expenses Subtract line 2 from line 1	3		93,2	251,672
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1 106	66,472
5	Net unrealized gains (losses) on investments	5			.36,345
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		89,5	551,128
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-14,5	564,273
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		1,356,8	368,654
Par	t XII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ved on			_
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both	rate			
	▼ Separate basis				
C	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh audit, review, or compilation of its financial statements and selection of an independent accountant?	t of the	e <b>2c</b>	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	1			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	2	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		3b	Yes	

Software ID: **Software Version:** 

**EIN:** 13-1887440

Name: THE NEW YORK PUBLIC LIBRARY

ASTOR LENOX AND TILDEN FOUNDATIONS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest **Compensated Employees, and Independent Contractors** (A) (E) Name and Title Average Position (do not check Reportable Reportable Estimated amount hours per more than one box, unless compensation compensation of other week (list person is both an officer from the from related compensation organization (Wany hours and a director/trustee) organizations (Wfrom the for related 2/1099-MISC) 2/1099-MISC) organization and Individual to or director Highest employe Office Former organizations related Institutional Trustee below organizations emplo)ee dotted line) t compensated ee trustee (1) KWAME ANTHONY APPIAH 1.0 0\_0 Χ 0 0 0 ..... TRUSTEE (1) PETER BALDWIN - BEGAN 515 1 0 Χ 0 0 0 ..... TRUSTEE 0 0 (2) JOHN H BANKS III TRUSTEE 1 0 0 Х 0 0 0 0 5 0 0 0 Х 0 0 0 (4) LISA BLAU - BEGAN 515 10 Χ 0 0 0 (5) SILA M CALDERON 3 0 TRUSTEE Х 0 0 0 0 0 (6) EVAN ROBERT CHESLER 5.0 Χ 0 0 0 TTEE,CHAIR(V CHAIR THRU 11/14) 0 0 (7) ROBERT DARNTON - ENDED 1114 5 0 TRUSTEE Χ 0 0 0.0 (8) GORDON J DAVIS 1 0 TRUSTEE 0 Х 0 0 0 0 (9) ANNE E DE LA RENTA 2 0 0 0 0 TRUSTEE Χ 0 0 TRUSTEE (10) HRH PRINCESS FIRYAL 1 0 0 0 0 Х 0 0 (11) HENRY LOUIS GATES JR 10 0 0 TRUSTEE Χ 0 0 0 (12) WILLIAM GRAY 3.0 TRUSTEE 0 0 0 Χ 0 0 (13) LOUISE L GRUNWALD 10 Χ 0 0 0 TRUSTEE 0.0 (14) JOHN B HESS 1 0 0 Х 0 0 ..... TRUSTEE 0 0 (15) ARTHUR KOENIG - BEGAN 515 1 0 0 Х 0 0 0 0 (16) ELIZABETH KOJIMA 1 0 0 0 Х 0 (17) JANE LAUDER - BEGAN 515 10 TRUSTEE Х 0 0 0 0 0 (18) ROBERT LIBERMAN 5.0 TRUSTEE Х 0 0 0 0 0 (19) SCOTT D MALKIN 3 0 Χ 0 0 0 ..... 0.0 (20) CAREY MALONEY - BEGAN 1114 2 0 Х 0 0 0 REP OF SPKR OF CITY COUNCIL 0 0 (21) VICTOR MARRERO 2 0 0 0 0 TRUSTEE Χ 0 0 (22) CATHERINE C MARRON 10 0 0 Χ 0 0 0 (23) Anthony W Marx 40 0 0 0 Χ Χ 721,387 0 80,806 TRUSTEE, PRESIDENT AND CEO (24) HAROLD W MCGRAW III 10 TRUSTEE Х 0 0 0

0 0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) Average hours per week (list any hours					ınless fficer	;	(D)  Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations	
(26) RAYMOND J MCGUIRE	2 0	х						0	0	0	
TRUSTEE (1) LEIGH M MILLER	0 0										
REP OF COMPTROLLER	0 0	х						0	0	0	
(2) ABBY S MILSTEIN	6 0	х		х				0	0	0	
TRUSTEE, VICE CHAIRMAN	0 0							Ů	0	0	
(3) SUSAN B MOORE MORGENTHAU	3 0	x						0	0	0	
TRUSTEE (4) JESSYE NORMAN	0 0										
TRUSTEE	0 0	X						0	0	0	
(5) CHARLES PHILLIPS - BEGAN 515	1 0	x						0	0	0	
TRUSTEE	0 0							Ů	0		
(6) RICHARD L PLEPLER	1 0	x						0	0	0	
TRUSTEE (7) KATHARINE J RAYNER	0 0										
TRUSTEE	0 0	Х						0	0	0	
(8) DAVID REMNICK	1 0	x						0	0	0	
TRUSTEE	0 0							Ů	-		
(9) ELIZABETH ROHATHYN	1 0	x						0	0	0	
FOUNDATION TRUSTEE (10) MARSHALL ROSE	0 0										
FOUNDATION TRUSTEE	0 0	X						0	0	0	
(11) NEIL L RUDENSTINE - END 1114	2 0	х		Х				0	0	0	
FNDN TTEE (CHAIR THRU 11/14)	0 0							Ů			
(12) STEPHEN A SCHWARZMAN	1 0	x						0	0	0	
TRUSTEE (13) DINAKAR SINGH	5 0										
TRUSTEE	0 0	X						0	0	0	
(14) GAYFRYD STEINBERG	1 0	x						0	0	0	
TRUSTEE (15) JOSHUA L STEINER	0 0										
TRUSTEE	0 0	х						0	0	0	
(16) GEORGE STEPHANOPOULOS	1 0							_		_	
TRUSTEE	0 0	Х						0	0	0	
(17) JAMES S TISCH	2 0	x						0	0	0	
TRUSTEE (18) LUIS A UBINAS	3 0										
TRUSTEE	0 0	х						0	0	0	
(19) EDGAR WACHENHEIM III	2 0	,,									
FOUNDATION TRUSTEE	0 0	X						0	0	0	
(20) MAYOR OF THE CITY OF NY	0 0	x						0	0	0	
EX-OFFICIO TRUSTEE (21) JANE ABOYOUN	35 0										
CHIEF TECHNOLOGY OFFICER	0 0			х				292,125	0	77,048	
(22) JACQUELINE F BAUSCH	35 0							353,000		162.050	
VP, DEP GEN COUNSEL & ASST SEC	0 0			Х				252,009	0	162,959	
(23) RYAN D CAIRNS	35 0			Х				208,240	0	58,880	
VP FOR DEVELOPMENT-EFF 9/14 (24) TODD M CORBIN	35 0										
CHIEF INVESTMENT OFFICER	0 0			Х				494,156	0	74,027	
	•	•			•	•	•	•			

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Compensated Employees, and Independent Contractors											
(A) Name and Title	(B) A verage hours per week (list any hours for related					inless fficer tee)		( <b>D)</b> Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	2/1099-M13C)	2/1099-MI3C)	organization and related organizations	
(51) ANNE L CORISTON - End 215	35 0			x				250,520	0	139,649	
VP FOR PUBLIC SVC THRU 10/14	0 0							230,320	Ů	155,045	
(1) RISA HONIG - BEGAN 415	35 0			x				0	0	0	
VP CAPITAL PLAN & CONSTRUCTION	0 0							,			
(2) MARY LEE KENNEDY	35 0			X				354,576	0	37,159	
CHIEF LIBRARY OFFICER	0 0							,		,	
(3) MICHELE COLEMAN MAYES	35 0			х				330,609	0	24,605	
VP, GEN COUNSEL & SECRETARY	0 0					1		·		,	
(4) GEORGE D MIHALTSES	35 0			х				176,485	0	56,912	
VP FOR GOV & COMM AFFAIRS	0 0					-		·		,	
(5) JOANNA M PESTKA - End 115	35 0			х				220,841	0	308,099	
VP CAPITAL PLAN & CONSTRUCTION	0 0					<u> </u>					
(6) CARL PFORZHEIMER III	2 0			х				0	0	0	
ACTING CFO & TREAS THRU 9/14	0.0					-					
(7) CHRISTOPHER D PLATT	35 0			х				208,220	0	113,486	
VP FOR PUBLIC SVC - EFF 10/14  (8) JEFFREY ROTH	35 0										
				х				255,147	0	95,256	
VP, FINANCE & ASST TREASURER  (9) LOUISE SHEA	0 0 35 0					-					
				Х				285,966	0	81,902	
VP FOR HUMAN RESOURCES (10) ANN D THORNTON - End 515	0 0 35 0										
ANDREW W MELLON DIR NY PUB LIB	0 0			Х				235,045	0	117,553	
(11) KENNETH N WEINE	35 0					1					
VP FOR COMM & MARKETING	0 0			Х				262,698	0	58,193	
(12) IRIS WEINSHALL - BEGAN 914	35 0										
COO, CFO & TREASURER	0 0			X				113,923	0	13,029	
(13) CARRIE WELCH - BEGAN 1014	35 0								_		
CHIEF EXTERNAL RELATIONS OFCR	0 0			X				70,573	0	9,414	
(14) JANKIE BEHARRY	35 0							102.726		71.017	
CONTROLLER	0 0					X		193,736	0	71,817	
(15) JACQUELINE Z DAVIS	35 0					x		193,386	0	82,943	
DIRECTOR, NYPL PERFORMING ARTS	0 0							193,380	0	62,943	
(16) KRISTIN MCDONOUGH	35 0					×		194,800	0	105,538	
DIRECTOR, SIBL	0 0							194,000		105,536	
(17) KHALIL GIBRAN MUHAMMAD	35 0					×		210,078	0	52,266	
DIRECTOR, THE SCHOMBURG CENTER	0 0					^_		210,070	Ů	52,200	
(18) JEAN STROUSE	35 0					l x		237,618	0	78,011	
DIRECTOR, SCHOLARS/WRITERS CEN	0 0					<u> </u>		257,010			
(19) DAVID G OFFENSEND - End 414	35 0						x	105,029	0	99,875	
COO, CFO & TREASURER	0 0					1		,			
(20) JAMES PISANIELLO - End 414	35 0						х	127,214	0	1,760	
VP FACILITIES OPS & SECURITY	0 0				_	1				,	
(21) JENNIFER ZASLOW - End 514	35 0						х	116,894	0	-61,807	
VP FOR DEVELOPMENT	0 0				<u> </u>	1					

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OMB No 1545-0047

#### **SCHEDULE A**

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

2014

Open to Public Inspection

		ne organization			Employer identification number								
		RK PUBLIC LIBRARY KAND TILDEN FOUNDATIONS	•				12 1007110						
				<b>Status</b> (All organiza	tions must so	malata this a	13-1887440						
	rt I	zation is not a private for		`			•	) iis.					
	n gaill.	•		·	= '	•	•						
1	<u> </u>	A church, convention				n section 170(b	)(1)(A)(I).						
2	<u> </u>	A school described in											
3	<u></u>	A hospital or a cooper	atıve hospital	service organization (	described in <b>sec</b>	tion 170(b)(1)	(A)(iii).						
4	Г	A medical research or		erated in conjunction v	vith a hospital d	lescribed in <b>sec</b>	tion 170(b)(1)(A)(iii	<b>).</b> Enter the					
_	_	hospital's name, city,	and state										
5	J	An organization opera			versity owned c	or operated by a	governmental unit d	escribed in					
	_	section 170(b)(1)(A)		•									
6	<u> </u>	A federal, state, or loc											
7	✓												
	_	described in <b>section 1</b>				+ TT \							
8	<u> </u>	A community trust de						<b>6</b>					
9	ı	An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross											
		receipts from activitie											
		its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses											
		acquired by the organ	ızatıon after Ju	ine 30, 1975 See <b>sec</b>	tion 509(a)(2).	. (Complete Par	tIII)						
10	Г	An organization organ	ized and opera	ited exclusively to tes	t for public safe	ety See <b>section</b>	509(a)(4).						
11	Г	An organization organ	•	•			•						
		one or more publicly s											
_	_	the box in lines 11a th											
а	,	<b>Type I.</b> A supporting of supported organization											
		organization You mus				cy of the directe	ar or trustees or the	supporting					
b	Γ	Type II. A supporting	=	•		with its suppor	ted organization(s), l	y having control or					
		management of the su	pporting organ	nization vested in the s	same persons t	hat control or m	anage the supported	organization(s) You					
	_	must complete Part I	•										
С	ļ	Type III functionally	_		•	•		grated with, its					
d	$\vdash$	supported organization  Type III non-function						ianization(c) that is					
u	'	not functionally integr											
		(see instructions) <b>Yo</b>											
e	Γ	Check this box if the o					a Type I, Type II, T	ype III functionally					
_		integrated, or Type II											
f		Enter the number of s											
g		Provide the following i	nformation abo	out the supported orga	ınızatıon(s)								
								(vi) A mount of					
		organization		organization (described on lines	listed in your docume		monetary support (see instructions)	other support (see instructions)					
				1- 9 above or IRC	docume		(see mstructions)	instructions)					
				section (see									
				ınstructions))									
					Yes	No							
Tota													

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

S	ection A. Public Support	zation rans to qu	daily under the	tests listed bei	ow, piedse com	ipiete re	<u> </u>			
	endar year (or fiscal year	(-) 2010	(1-) 2011	(-) 2012	(4) 2012	(-) 2(	14	(5) T - t - l		
	beginning in) 🟲	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 20	)14	<b>(f)</b> Total		
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	48,643,420	77,619,561	82,957,617	48,470,335	47	,004,584	304,695,517		
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	164,409,329	163,797,431	167,064,834	168,560,846	175	,409,689	839,242,129		
3	The value of services or facilities furnished by a governmental unit to the organization without charge	8,049,019	22,599,960	9,160,545	17,576,071	8	,867,089	66,252,684		
4	<b>Total.</b> Add lines 1 through 3	221,101,768	264,016,952	259,182,996	234,607,252	231	,281,362	1,210,190,330		
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							0		
6	Public support. Subtract line 5							1,210,190,330		
	from line 4 ection B. Total Support									
	endar year (or fiscal year									
-	beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	( <b>d)</b> 2013	(e) 2014		(e) 2014		<b>(f)</b> Total
7	A mounts from line 4	221,101,768	264,016,952	259,182,996	234,607,252	231,281,362		1,210,190,330		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,989,717	10,944,174	14,539,086	13,846,802	14,	,609,607	62,929,386		
9	Net income from unrelated business activities, whether or not the business is regularly carried on	478,122	541,221	699,087			431,506	2,149,936		
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)	4,134,478	4,995,857	5,356,300	4,703,762	4,	,624,348	23,814,745		
11	Total support Add lines 7							1,299,084,397		
12	through 10   Gross receipts from related activ	lties.etc (see ins		L	L	12		33,462,684		
13	<b>First five years.</b> If the Form 990 organization, check this box and	ıs for the organızat <b>stop here</b>	ion's first, second			section		3)		
<u> </u>	ection C. Computation of Po Public support percentage for 20			11. column (f))		14		93 157 %		
15	Public support percentage for 20	•		,		15		93 980 %		
	<b>33 1/3% support test—2014.</b> If the	•	•	x on line 13. and	line 14 is 33 1/3%		 e, check			
	and <b>stop here.</b> The organization q	ualifies as a public	ly supported orga	nızatıon				<b>►</b>  ✓		
	b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.									
Ь	10%-facts-and-circumstances tes							•		
18	15 is 10% or more, and if the org Explain in Part VI how the organis supported organization <b>Private foundation.</b> If the organiz	zation meets the "	facts-and-circums	stances" test Th	e organization qu	alıfıes as	a public	ly ▶┌		
	instructions							<b>▶</b> □		

Schedule A (Form 990 or 990-EZ) 2014 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support (Subtract line 7c from line 6) Section B. Total Support Calendar year (or fiscal year beginning (a) 2010 **(b)** 2011 (c) 2012 (d) 2013 (e) 2014 (f) Total in) 🟲 Amounts from line 6 Gross income from interest, 10a dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include 12 gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11. and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f)) 15

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))

16 Public support percentage from 2013 Schedule A, Part III, line 15

Section D. Computation of Investment Income Percentage

17 Investment income percentage from 2014 (line 10c, column (f) divided by line 13, column (f))

18 Investment income percentage from 2013 Schedule A, Part III, line 17

18

19a 33 1/3% support tests—2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

#### Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V  $\,)$ 

Section A. All Supporting Organizations
---

Se	ection A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section $509(a)(1)$ or $(2)$ ? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section $509(a)(1)$ or $(2)$ .	2		
За	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	За		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections $501(c)(3)$ and $509(a)(1)$ or $(2)^7$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If</i> "Yes," provide detail in <b>Part VI</b> .	9b		
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .	9c		
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
l1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below,			
	the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		

c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.

11c

Pa	rt IV Supporting Organizations (continued)			
S	ection B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2		
S	ection C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
S	ection D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
S	ection E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see  The organization satisfied the Activities Test Complete line 2 below  The organization is the parent of each of its supported organizations. Complete line 3 below  The organization supported a governmental entity. Describe in Part VI how you supported a government entity instructions.			
2	Activities Test Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
	<b>b</b> Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3				
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each		1 1	

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

#### Part V - Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	_	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 See instructions. All other
ype	[]	II non-functionally integrated supporting organizations must complete Sections A through E

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		

#### Section C - Distributable Amount

- **1** Adjusted net income for prior year (from Section A, line 8, Column A)
- 2 Enter 85% of line 1
- 3 Minimum asset amount for prior year (from Section B, line 8, Column A)
- 4 Enter greater of line 2 or line 3
- 5 Income tax imposed in prior year
- **6 Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)
- 7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

	Current Year
1	
2	
3	
4	
5	
6	

Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accom	plish exempt purposes		
2 A mounts paid to perform activity that directly furthexcess of income from activity	ers exempt purposes of supp	ported organizations, in	
3 Administrative expenses paid to accomplish exemp	ot purposes of supported org	anızatıons	
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval rec	nured)		
6 Other distributions (describe in Part VI) See instru	JCTIONS		
7 Total annual distributions. Add lines 1 through 6			
8 Distributions to attentive supported organizations t details in Part VI) See instructions	o which the organization is r	esponsive (provide	
9 Distributable amount for 2014 from Section C, line	6		
10 Line 8 amount divided by Line 9 amount			
		(::)	(:::)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause requiredsee instructions)			
3 Excess distributions carryover, if any, to 2014			
<b>a</b> From 2009			
<b>b</b> From 2010			
<b>c</b> From 2011			
d From 2012			
<b>e</b> From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount  i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
A pplied to underdistributions of prior years			
<b>b</b> Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2015.</b> Add lines 3j and 4c			
8 Breakdown of line 7			
<b>a</b> From 2010			
<b>b</b> From 2011			
<b>c</b> From 2012			
d From 2013			

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

#### **Facts And Circumstances Test**

Return Reference	Explanation
	SCHEDULE A, PART II, SECTION B, LINE 10 REPORTED IN THIS SECTION IS OTHER INCOME RELATING TO REVENUE GENERATED BY ACTIVITIES SUCH AS FEES FOR FACILITY USAGE AND REIMBURSEMENT UNDER THE UNIVERSAL SERVICES PROGRAM TO PROVIDE DISCOUNTS ON TELECOMMUNICATION EXPENSES TO ALLOW LIBRARIES AND EDUCATIONAL INSTITUTIONS TO PURCHASE ADVANCED TECHNOLOGIES

Schedule A (Form 990 or 990-EZ) 2014

DLN: 93493134019566

OMB No 1545-0047

Inspection

#### **SCHEDULE C** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 ▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at

Political Campaign and Lobbying Activities

www.irs.gov/form990. If the organization answered "Yes" to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B.
- ◆ Section 527 organizations Complete Part I-A only

If the organization answered "Yes" to Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes" to Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

◆ Section 501(c)(4), (5), or (6) organizations Complete Part III **Employer identification number** Name of the organization THE NEW YORK PUBLIC LIBRARY ASTOR LENOX AND TILDEN FOUNDATIONS Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV 2 Political expenditures Volunteer hours Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 Enter the amount of any excise tax incurred by organization managers under section 4955 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? ┌ Yes If "Yes," describe in Part IV Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function activities 1 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV (e) A mount of political (a) Name (b) Address (c) EIN (d) A mount paid from contributions received filing organization's and promptly and funds If none, enter -0directly delivered to a separate political organization If none, enter-0-

5 c	hedule C (Form 990 or 990-EZ) 2014					Page <b>2</b>
Ρ	art II-A Complete if the organization under section 501(h)).	is exempt under	section 501(c	:)(3) and file	d Form 5768	
	Check If the filing organization belongs to a expenses, and share of excess lobb	ying expenditures)		_	p member's nam	e, address, EIN,
	Limits on Lobbying E (The term "expenditures" means an	xpenditures			(a) Filing organization's totals	(b) Affiliated group totals
1a	Total lobbying expenditures to influence public o	pinion (grass roots lob	bying)			
b	Total lobbying expenditures to influence a legisla	ative body (direct lobby	ying)			
c	Total lobbying expenditures (add lines 1a and 1b	o)				
d	Other exempt purpose expenditures					
е	Total exempt purpose expenditures (add lines 1	c and 1d)				
f	Lobbying nontaxable amount Enter the amount fo	rom the following table	ın both			
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontax				
	Not over \$500,000	20% of the amount on lir	ne 1e			
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the	e excess over \$500,00	00		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the	e excess over \$1,000,	000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the	excess over \$1,500,0	00		
	Over \$17,000,000	\$1,000,000				
g	Grassroots nontaxable amount (enter 25% of lin	ne 1f)				
h	Subtract line 1g from line 1a If zero or less, ente	er-0-				
i	Subtract line 1f from line 1c If zero or less, ente	ır - 0 -				
j	If there is an amount other than zero on either lin section 4911 tax for this year?	ne 1h or line 1ı, did the	organızatıon file F	Form 4720 repo	rtıng	┌ Yes ┌ No
	4-Year Av (Some organizations that made a s columns below. See t		ection do not	have to com		ne five
	Lobbying Expe	enditures During	4-Year Avera	ging Period		
	Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	( <b>d)</b> 2014	(e) Total
2a	Lobbying nontaxable amount					
ь	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots nontaxable amount					
e	Grassroots ceiling amount (150% of line 2d, column (e))					

Grassroots lobbying expenditures

Part II-B	Complete if the organization is exempt under section 501(c)(3) and has NOT
	filed Form 5768 (election under section 501(h)).

·ar a	each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying	(ä	1)		(b)	_
	vity.		No	Ar	nount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of					_
а	Volunteers?	Yes				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	Yes				
c	Media advertisements?		No			
d	Mailings to members, legislators, or the public?	Yes			25,7	81
e	Publications, or published or broadcast statements?		No			_
f	Grants to other organizations for lobbying purposes?		No			_
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes			77,3	42
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No			_
i	O ther activities?		Νo			_
j	Total Add lines 1c through 1:				103,1	<u></u> 23
2a	Did the activities in line 1 cause the organization to be not described in section $501(c)(3)$ ?		No			_
b	If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					_
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
Pai	tt III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	501(c	)(5), o	r se	ction	_
				Ľ	Yes N	Ю
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?			3		
Pai	rt III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'Iine 3, is answered "Yes."					
1	Dues, assessments and similar amounts from members	1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
_	Cumant was	2a				

2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
а	Current year	2a	
b	Carryover from last year	2b	
C	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Tayable amount of lobbying and political expenditures (see instructions)	5	

#### Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
LOBBYING ACTIVITY	SCHEDULE C, PART II-B VOLUNTEERS THE LIBRARY WORKS DIRECTLY WITH LOCAL VOLUNTEERS WHO ENCOURAGE THEIR ELECTED OFFICIALS TO SUPPORT THE LIBRARYS BUDGET GOALS PAID STAFF OR MANAGEMENT THE LIBRARY UTILIZES ON A LIMITED BASIS, THREE OFFICERS TO WORK WITH ELECTED OFFICIALS AT THE FEDERAL, STATE AND CITY LEVELS ON LIBRARY RELATED FUNDING ISSUES AND LEGISLATION MAILINGS TO MEMBERS, LEGISLATORS OR THE PUBLIC THE LIBRARY PREPARES MAILINGS TO ELECTED OFFICIALS AT ALL THREE LEVELS OF GOVERNMENT REGARDING FUNDING ISSUES AND LEGISLATION DIRECT CONTACT WITH LEGISLATORS, THEIR STAFF, GOVERNMENT OFFICIALS, OR A LEGISLATIVE BODY THE LIBRARYS IN-HOUSE GOVERNMENT RELATIONS STAFF, WITH THE ASSISTANCE OF LOBBYISTS, MEET ELECTED AND APPOINTED GOVERNMENT OFFICIALS AND THEIR STAFF ON LIBRARY-RELATED FUNDING ISSUES AND LEGISLATION

Part IV Supplemental Information (continued)							
Return Reference	Explanation						

Schedule C (Form 990 or 990EZ) 2014

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#### DLN: 93493134019566

OMB No 1545-0047

Open to Public Inspection

#### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

#### **Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

**Employer identification number** Name of the organization THE NEW YORK PUBLIC LIBRARY ASTOR LENOX AND TILDEN FOUNDATIONS 13-1887440 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the tax year 🟲 Number of states where property subject to conservation easement is located -Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Revenue included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art, I	listor	ical Trea	sures, or Ot	her Similar	Assets (continued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records	, check	,	-	-	use of its
а	Public exhibition		d √	Loan or	exchange progra	ims	
b	Scholarly research	•	е Г	Other			
c	Preservation for future generations						
4	Provide a description of the organization's c Part XIII	ollections and explain	how the	ey further t	he organızatıon's	s exempt purpo:	se in
5	During the year, did the organization solicit						F., F.,
Dav	assets to be sold to raise funds rather than t IV Escrow and Custodial Arrange						Yes No
Fell	Part IV, line 9, or reported an air					Tes to Foli	11 990,
1a	Is the organization an agent, trustee, custoo included on Form 990, Part X?	dian or other intermedi	ary for	contributio	ns or other asse	ets not	┌ Yes ┌ No
b	If "Yes," explain the arrangement in Part XI	II and complete the fo	llowing	table	_		
						_	Amount
с	Beginning balance				_	Lc	
d	Additions during the year				<u> </u>	Ld .	
e	Distributions during the year				<u> </u>	le	
f	Ending balance					Lf	
2a	Did the organization include an amount on F	orm 990, Part X, line 2	21, for 6	escrow or c	ustodial accoun	t liability?	┌ Yes ┌ No
ь	If "Yes," explain the arrangement in Part XI						<u></u>
Pa	rt V Endowment Funds. Complete						
1a	Beginning of year balance	(a)Current year 1,093,121,643	<b>(b)</b> Prior	5,594,890	(c)Two years back 824,133,716	813,848,8	<del></del>
b	Contributions	20,000,936		4,418,679	47,268,882	65,579,7	
c	Net investment earnings, gains, and losses				, ,		
		63,422,733 1,008,649	16	7,717,074 924,094	125,420,972 621,293	-17,227,5 495,6	
d	Grants or scholarships	1,008,649		924,094	621,293	495,6	609,200
e	Other expenditures for facilities and programs	46,501,209	4:	3,684,906	40,607,387	37,571,€	34,371,990
r	Administrative expenses End of year balance	1,129,035,454	1 09	3,121,643	955,594,890	824,133,7	716 813,848,809
g	, ·		•	· · ·		021,133,7	10 013,010,003
2	Provide the estimated percentage of the cur	37 301 %	(line 1	g, column (	a)) neid as		
а	Board designated or quasi-endowment ►  Permanent endowment ► 62 699 %	37 301 %					
b	Termanent endownene p						
C	Temporarily restricted endowment						
<b>a</b> -	The percentages in lines 2a, 2b, and 2c sho					£ kl	
3a	Are there endowment funds not in the posse organization by	ssion of the organization	on that	are neid ai	na aaministerea	for the	Yes No
	(i) unrelated organizations					[	3a(i) No
	(ii) related organizations					🛚	3a(ii) No
b	If "Yes" to 3a(II), are the related organization	•				[	3b
4	Describe in Part XIII the intended uses of t					t- F 000	Don't TV June
Par	t VI Land, Buildings, and Equipmed 11a. See Form 990, Part X, line		e orga	nization a	nswered res	to Form 990,	Part IV, line
	Description of property			) Cost or others is (investmer			
	Land		+	1,083,79	99 3,109,0	93	4,192,892
	Buildings			14,606,59			<del></del>
	Leasehold improvements			. ,	48,723,1	<del>-  </del>	
	Equipment				49,264,6	<del>-  </del>	<del>`                                     </del>
	Other				55,516,2		55,516,295
	I. Add lines 1a through 1e (Column (d) must o		column	(B), line 10	(c).)		346,154,095
						Schedu	le D (Form 990) 2014

Part VII Investments—Other Securities. Com	plete if the organization a	inswered 'Yes' to Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.  (a) Description of security or category	(b)Book value	(c) Method of valuation
(including name of security) (1)Financial derivatives		Cost or end-of-year market value
(2)Closely-held equity interests		
(3)Other	570.630.600	-
(A) COMMINGLED INVESTMENT FUNDS	578,620,688	F
(B) HEDGE FUNDS	198,851,498	F
(C) PRIVATE MARKET FUNDS	118,164,090	F
<b>Part VIII</b> Investments—Program Related. Cor	, , , , , , , , , , , , , , , , , , , ,	answared 'Vas' to Form 900 Part IV line 110
See Form 990, Part X, line 13.	npiete ir the organization	answered Yes to Form 990, Part IV, line 11c.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)		
Part IX Other Assets. Complete if the organization (a) Descrip		Part IV, line 11d See Form 990, Part X, line 15  (b) Book value
(a) bescrip		(b) book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.  Part X  Other Liabilities. Complete if the organ		
Form 990, Part X, line 25.  (a) Description of liability	(b) Book value	
Federal income taxes	0	
TAXABLE BONDS PAYABLE	183,574,131	
ACCRUED POSTRETIREMENT BENEFITS	101,586,845	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	285,160,976	
2 Liability for uncortain tay positions. In Part VIII. provide	the tout of the feetnets to the	

Sche	dule D (Form 990) 2014		Page •
Par	t XI Reconciliation of Revenue per Audited Financial Statements With Revenue per the organization answered 'Yes' to Form 990, Part IV, line 12a.	er Retu	ırn Complete ıf
1	Total revenue, gains, and other support per audited financial statements	1	382,741,23
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains (losses) on investments 2a -8,136,345		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	-11,213,84
3	Subtract line <b>2e</b> from line <b>1</b>	3	393,955,07
4	Amounts included on Form 990, Part VIII, line 12, but not on line $oldsymbol{1}$		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a 11,704,441		
b	Other (Describe in Part XIII )		
C	Add lines <b>4a</b> and <b>4b</b>	4c	9,832,519
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)	5	403,787,59
Par	Reconciliation of Expenses per Audited Financial Statements With Expenses if the organization answered 'Yes' to Form 990, Part IV, line 12a.	s per Re	<b>turn.</b> Complete
1	Total expenses and losses per audited financial statements	1	312,190,179
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Prior year adjustments		
c	Other losses		
d	Other (Describe in Part XIII )		
e	Add lines <b>2a</b> through <b>2d</b>	2e	13,358,700
3	Subtract line <b>2e</b> from line <b>1</b>	3	298,831,479
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 11,704,441		
b	Other (Describe in Part XIII).............. 4b	1	
С	Add lines <b>4a</b> and <b>4b</b>	4c	11,704,44
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18 )	5	310,535,920
Par	t XIII Supplemental Information		

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional

ınformation	ınformation						
Return Reference	Explanation						
COLLECTIONS OF ART, HISTORICAL TREASURES, OR OTHER SIMILAR ASSETS	SCHEDULE D, PART III, LINES 1A AND 4 THE LIBRARY HAS EXTENSIVE RESEARCH COLLECTIONS OF LIBRARY MATERIALS, INCLUDING BOOKS, PERIODICALS AND OTHER ITEMS THESE COLLECTIONS ARE MAINTAINED BY THE RESEARCH LIBRARIES UNDER CURATORIAL CARE AND ARE HELD FOR RESEARCH, EDUCATION AND PUBLIC EXHIBITION IN FURTHERANCE OF PUBLIC SERVICE PROCEEDS FROM THE SALES OF COLLECTIONS ARE USED TO ACQUIRE OTHER ITEMS FOR COLLECTIONS THE COST OF COLLECTIONS PURCHASED BY THE LIBRARY FOR THE RESEARCH LIBRARIES IS CHARGED TO EXPENSE WHEN INCURRED AND DONATED COLLECTION ITEMS ARE NOT RECORDED THE VALUE OF THE LIBRARY SRESEARCH COLLECTIONS CANNOT BE DETERMINED THE COST OF BOOKS AND OTHER LIBRARY MATERIALS PURCHASED BY THE BRANCH LIBRARIES IS NOT RECORDED AS COLLECTIONS, BUT IS CHARGED AS A LIBRARY SERVICES EXPENSE IN THE YEAR PURCHASED BECAUSE, LARGELY BY REASON OF THEIR FREQUENT USE, SUCH ITEMS ARE EXHAUSTIBLE OVER A SHORT PERIOD OF TIME						
INTENDED USES OF THE ORGANIZATIONS ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4 THE LIBRARY'S ENDOWMENT CONSISTS OF 418 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES, INCLUDING BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS NET ASSETS ASSOCIATED WITH THE ENDOWMENT FUNDS ARE CLASSIFIED AND REPORTED BASED ON THE EXISTENCE OR ABSENCE OF DONOR-IMPOSED RESTRICTIONS THE ENDOWMENT FUNDS SUPPORT THE FOLLOWING PROGRAM ACTIVITIES *BRANCH LIBRARIES *RESEARCH LIBRARIES *CONSERVATION AND CATALOGING *EXHIBITIONS AND PUBLIC EDUCATION PROGRAMS *OTHER - PRINCIPALLY, FOR THE GENERAL OPERATIONS OF THE RESEARCH LIBRARIES AND LIBRARY-WIDE PROGRAMS						
ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES	SCHEDULE D, PART X, LINE 2 THE LIBRARY PRESCRIBES TO A THRESHOLD OF MORE LIKELY THAN NOT FOR RECOGNITION AND DERECOGNITION OF TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN AS OF JUNE 30, 2015, THE LIBRARY DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS OR ANY UNRELATED BUSINESS INCOME TAX LIABILITY WHICH WOULD HAVE A MATERIAL IMPACT UPON ITS FINANCIAL STATEMENTS						
RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS TO FORM 990	SCHEDULE D, PART XI, LINE 2D OTHER POSTRETIREMENT BENEFITS CHANGES OTHER THAN NET PERIODIC BENEFIT COST \$(15,151,755) LOSS ON EXTINGUISHMENT OF DEBT \$ (438,322) GAIN ON INTEREST RATE AGREEMENTS \$ 1,025,804 \$(14,564,273)						
RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS TO FORM 990	SCHEDULE D, PART XI, LINE 4B - OTHER LABOR COSTS AND OTHER EXPENSES RELATED TO UNRELATED BUSINESS USE OF SPACE \$ (246,911) LABOR COSTS AND OTHER EXPENSES ALLOCATED TO COST OF GOODS SOLD \$(1,625,011)						
RECONCILIATION OF EXPENSES PER AUDITED FINANCIAL STATEMENTS to form 990	SCHEDULE D, PART XII, LINE 2D - OTHER LABOR COSTS AND OTHER EXPENSES RELAED TO UNRELATED BUSINESS USE OF SPACE \$ 246,911 LABOR COSTS AND OTHER EXPENSES ALLOCATED TO COST OF GOODS SOLD \$1,625,011						

	<u> </u>	
Part XIII	Supplemental Info	ormation (continued)
Ret	turn Reference	Explanation

Schedule D (Form 990) 2014

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134019566

**SCHEDULE F** (Form 990)

#### **Statement of Activities Outside the United States**

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public **Inspection** 

**Employer identification number** 

THE NEW YORK PUBLIC LIBRARY ASTOR LENOX AND TILDEN FOUND	ATIONS			13-1887440	
Part I General Information "Yes" to Form 990, Par	n on Activitie		<b>ne United States.</b> Co		ation answered
1 For grantmakers. Does the country and other assistance, the grants or a used to award the grants or a	┌ Yes ┌ No				
<ul><li>2 For grantmakers. Describe in assistance outside the United</li><li>3 Activites per Region (The follow</li></ul>	l States.			-	s and other
(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
( 1) Central America and the Caribbean			Investments		71,350,762
( 2) North America			Investments		2,049,137
(3)					
(4)					
(5)					
3a Sub-total b Total from continuation sheets to Part I					73,399,899
c Totals (add lines 3a and 3b)  For Paperwork Reduction Act Notice, see			6-1-1	No 50082W Schedu	73,399,899

				eived more than \$5,0		•			
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	( <b>d)</b> Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(	1)								
(	2)								
(	3)								
(	4)								
2				ted above that are r e or counsel has pro					
3	Enter total nu	mher of other or	nanizations or en	tities					

Schedule F (Form 990) 2014

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	duplicated if addit	tional space is ne	eeded.				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) A mount of cash grant	(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
( 2)							
(3)							
(4)							
(5)							
( 6)							
(7)							
(8)							
(9)							
(10)							
(11)							
( 12)							
(13)							
(14)							
( 15)							
(16)							
(17)							
(18)							

## Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	V	Yes	Г	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Γ	Yes	<b>∀</b>	Νo
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	দ	Yes	Γ	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	্ব	Yes	Γ	Νo
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	্ব	Yes	Г	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713: do not file with Form 990)	Г	Yes	<b>অ</b>	No

Schedule F (Form 990) 2014

#### **Additional Data**

Software ID:

Software Version:

**EIN:** 13-1887440

Name: THE NEW YORK PUBLIC LIBRARY

ASTOR LENOX AND TILDEN FOUNDATIONS

Schedule F (Form 990) 2014

Page **5** 

#### Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

DLN: 93493134019566

OMB No 1545-0047

**Fundraising or Gaming Activities** Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Mail solicitations

Phone solicitations

registration or licensing

Internet and email solicitations

SCHEDULE G

Attach to Form 990 or Form 990-EZ.

**Supplemental Information Regarding** 

Open to Public Inspection

Internal Revenue Service	▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.go	v/form990. Inspection
Name of the organization		Employer identification number
THE NEW YORK PUBLIC	LIBRARY	
ASTOR LENOX AND TIL	DEN FOUNDATIONS	13-1887440

Indicate whether the organization raised funds through any of the following activities Check all that apply

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

e Solicitation of non-government grants

Solicitation of government grants

▼ Special fundraising events

d	✓ In-person solicitations	s					
2a	Did the organization have a or key employees listed in						▽ Yes ┌ M
b	If "Yes," list the ten higher to be compensated at leas			undraisei	rs) pursuant to agreeme	ents under which the fun	draiser is
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundrais custo	ody or rol of	(iv) Gross receipts from activity	(v) A mount paid to (or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization
1	THE LUKENS COMPANY INC	SEE PART IV	Yes	<b>No</b> No	2,090,732	1,032,921	1,057,81
2	MR STRATEGIC SERVICES INC	SEE PART IV		No	1,563,447	225,254	1,338,19
3							
4							
5							
6							
7							
8							
9							
10							
Tota	nl			<b>.</b>	3,654,179	1,258,175	2,396,004
3	List all states in which the	organization is regis	stered or lic	ensed to	solicit contributions or	has been notified it is e	exempt from

Pa	rt II	Fundraising Events. Commore than \$15,000 of fundraevents with gross receipts g	aising event contribut			
			(a) Event #1  LIBRARY LIONS (event type)	(b) Event #2  CORP DINNER (event type)	(c) O ther events  4 (total number)	(d) Total events (add col (a) through col (c))
₽	1	Gross receipts	2,283,425	1,104,690	1,322,700	4,710,815
Revenue	2	Less Contributions	2,195,275	1,059,890	1,197,615	4,452,780
	3	Gross income (line 1 minus line 2)	88,150			
	4	Cash prizes				
ي د	5	Noncash prizes				
ense.	6	Rent/facility costs				
Expenses	7	Food and beverages .	94,313	47,422	200,230	341,965
Direct	8	Entertainment				
툽	9	Other direct expenses .				
	10	Direct expense summary Add lin	es 4 through 9 ın column	(d)		(341,965)
	11	Net income summary Subtract lii	_			-83,930
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		"Yes" to Form 990, Pa	rt IV, line 19, or repo	
Revenue	1	Gross revenue	(a) Bingo	<b>(b)</b> Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
<u> </u>	2	Cash prizes				
Expenses	3	Non-cash prizes				
	4	Rent/facility costs				
Direct	5	Other direct expenses				
		Volunteer labor	Г Yes%_ Г Nо	Г Yes% Г Nо	<ul><li>✓ Yes  %</li><li>✓ No</li></ul>	
		Direct expense summary Add lines			<b>.</b>	
9 a b	Ist	er the state(s) in which the organization licensed to conduct	gaming activities in eac	h of these states?		
10a b		re any of the organization's gaming l Yes," explain	icenses revoked, susper	nded or terminated during	the tax year?	

Sche	edule G (Form 990 or 990-EZ) 2014		Page <b>3</b>					
11	Does the organization conduct gamir	g activities with nonmembers?	☐ Yes ☐ No					
12	Is the organization a grantor, benefic	lary or trustee of a trust or a member of a partnership or other entity						
	formed to administer charitable gami	ng?	┌ <sub>Yes</sub> ┌ <sub>No</sub>					
13	Indicate the percentage of gaming ac	tivities conducted in						
а			0/0					
b			9/0					
14	Enter the name and address of the pe	erson who prepares the organization's gaming/special events books and records	<b>;</b>					
	Name 🟲							
	Address►							
15a	Does the organization have a contrac	t with a third party from whom the organization receives gaming						
	revenue?		Γ <sub>Yes</sub> Γ <sub>No</sub>					
b	If "Yes," enter the amount of gaming	revenue received by the organization 🟲 \$ and the						
	amount of gaming revenue retained b	y the third party 🟲 \$						
С	If "Yes," enter name and address of	the third party						
	Name 🟲							
	Address ►							
16	Gaming manager information							
	Name ▶							
	Gaming manager compensation 🟲 \$							
	Description of services provided							
	Director/officer	F Employee						
17	Mandatory distributions							
а	Is the organization required under st	ate law to make charitable distributions from the gaming proceeds to						
	retain the state gaming license? $\ .$		∇ Yes					
b	·	uired under state law distributed to other exempt organizations or spent						
Da	in the organization's own exempt act  rt IV Supplemental Informat	ivities during the tax year <b>*</b> \$ <b>ion.</b> Provide the explanations required by Part I, line 2b, columns (ii	1) and (u) and					
Pa		L5b, 15c, 16, and 17b, as applicable. Also provide any additional info						
	Return Reference	Explanation						
FUN	DRAISING ACTIVITIES	FORM 990, PART IX, COLUMN (D) AND SCHEDULE G, PART I THE LIBRA WORKING TO ASSESS CURRENT AND LONG-TERM FUNDRAISING GOAL DILIGENTLY TO ALLOCATE RESOURCES TO MEET THOSE GOALS DUE PLANNED GIVING AND OTHER LONG-TERM FUNDRAISING ACTIVITIES ALLOCATION AND CONTRIBUTION REVENUE ARE OFTEN REPORTED I PERIODS THE LIBRARY'S FUNDRAISING AND MEMBERSHIP DEVELOPM INCLUDE WORKING WITH PROGRAM STAFF TO DEVELOP STATEMENTS FUNDRAISING, INCLUDING ENDOWMENT AND CAPITAL CONTRIBUTIO CONTRIBUTIONS FOR THOSE NEEDS AND FOR THE ANNUAL FUND FRO CORPORATIONS AND FOUNDATIONS, CONDUCTING OUTREACH EFFO MEMBERSHIP CONTRIBUTIONS AND CREATE AWARENESS OF THE LIBF PROGRAMS, AND CONDUCTING SPECIAL FUNDRAISING EVENTS	S, AND STRIVES TO THE NATURE OF S, RESOURCE N SEPARATE TIME MENT ACTIVITIES OF NEED FOR PRIVATE NS, SOLICITING M INDIVIDUALS, RTS TO SECURE RARY AND ITS					
	IVITIES CONDUCTED BY FESSIONAL FUNDRAISERS	SCHEDULE G, PART I, LINE 2B(II) *THE LUKENS COMPANY, INC IS A F MARKETING AGENCY THAT WORKS ON THE LIBRARY'S DIRECT MAIL FUR PROGRAMS IT COLLABORATES ON ANNUAL PLANNING AND BUDGET! CREATIVE CAMPAIGNS AND MANAGES ALL PRODUCTION AND MAILING THE PROGRAMS IN ADDITION, IT MONITORS DIRECT MAIL PROGRAM PROVIDES ANALYSIS TO SUPPORT STRATEGIC DECISIONS *M+R STR IS AN ONLINE STRATEGIC CONSULTING AGENCY THAT WORKS ON THAND EMAIL FUNDRAISING CAMPAIGNS, AS WELL AS DIGITAL ENGAGE COLLABORATES ON ANNUAL PLANNING AND BUDGETING, DEVELOPS AND PROVIDES TECHNICAL ASSISTANCE IN ADDITION, IT MONITOR PROVIDES ANALYSIS TO SUPPORT STRATEGIC DECISIONS	JNDRAISING NG, DEVELOPS NG SERVICE LISTS FOR RETURNS AND RATEGIC SERVICES, INC E LIBRARY'S ONLINE MENT CAMPAIGNS IT CREATIVE CAMPAIGNS					

Schedule I (Form 990)

# **Grants and Other Assistance to Organizations**, Governments and Individuals in the United States

DLN: 93493134019566 OMB No 1545-0047

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22. Attach to Form 990. Department of the Treasury

Open to Public **Inspection** 

Internal Revenue Service ▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization THE NEW YORK PUBLIC LIBRARY

Employer identification number

13-1887440

Dart T	General Information on Grants and Assistance	
Faitt	General Iniormation on Grants and Assistance	

ASTOR LENOX AND TILDEN FOUNDATIONS

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and

✓ Yes ☐ No

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BROOKLYN PUBLIC LIBRARY 10 GRAND ARMY PLAZA BROOKLYN,NY 11238	11-1904261	501 (C)(3)	341,257				SEE PART IV
(2) QUEENS BOROUGH PUBLIC LIBRARY 89-11 MERRICK BLVD JAMAICA,NY 11432	11-1904262	501 (C)(3)	218,091				SEE PART IV
(3) MAINE STATE LIBRARY 64 STATE HOUSE STATION AUGUSTA,ME 04333	45-1204046	115	50,000				SEE PART IV
(4) STATE LIBRARY OF KANSAS 300 SW 10TH Ave 343N TOPEKA,KS 66612	48-1124839	115	50,000				SEE PART IV

2	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	4
3	Enter total number of other organizations listed in the line 1 table	0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a)Type of grant or assistance	<b>(b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) FELLO WSHIP GRANTS	44	1,357,499			
(2) MAGIC GRANTS	30	20,211			

Part IV	Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.
---------	---

COLUMN (H) INTERNET LENDING TO LOW-INCOME INDIVIDUALS AND FAMILIES

#### Return Reference

#### **Explanation**

DESCRIPTION OF ORGANIZATIONS PROCEDURES FOR MONITORING THE USE OF GRANTS

SCHEDULE I, PART I, LINE 2 GRANTS TO ORGANIZATIONS THE LIBRARY PROVIDED GRANTS TO FOUR ORGANIZATIONS UNDER A PILOT PROJECT TO PROVIDE INTERNET ACCESS AT HOME FOR LOW-INCOME INDIVIDUALS AND FAMILIES WITH LIMITED BROADBAND ACCESS BY MEANS OF LENDING PORTABLE INTERNET WIFI DEVICES (WHICH USE CELLULAR NETWORKS TO CREATE PERSONAL BROADBAND INTERNET HOTSPOT), THEREBY PROVIDING BROADBAND INTERNET ACCESS ALONG WITH ENHANCED EDUCATION AND TRAINING INITIATIVES THE ORGANIZATIONS FINANCIALLY RECONCILE THEIR ACCOUNTS FOR THIS PROJECT AND REPORT STATUS OF THE SUBGRANT FUNDS TO THE LIBRARY ANY FUNDS NOT EXPENDED BEFORE THE END OF THE TERM MUST BE RETURNED TO THE LIBRARY THE ORGANIZATIONS ALSO SHARE USAGE INFORMATION AND METRICS WITH THE LIBRARY GRANTS TO INDIVIDUALS THE LIBRARY HAS FOUR SEPARATE FELLOWSHIP PROGRAMS THE DOROTHY AND LEWIS B CULLMAN CENTER FOR SCHOLARS AND WRITERS, LOCATED IN THE STEPHEN A  $\,$  SCHWARZMAN BUILDING, AND THE SCHOLARS-IN-RESIDENCE PROGRAM AT THE SCHOMBURG CENTER FOR RESEARCH IN BLACK CULTURE THE PROGRAMS CONNECT FELLOWS WITH THE RESOURCES OF THE LIBRARY, PROMOTE INTERPRETIVE AND CREATIVE SCHOLARSHIP AND WRITING, AND INVITE FELLOWS TO PRESENT THEIR WORK TO THE GENERAL PUBLIC IN PAPERS, SYMPOSIA, CONVERSATIONS, AND LECTURES EACH SPRING, THE CULLMAN CENTER PLACES AN ADVERTISEMENT IN THE NEW YORK REVIEW OF BOOKS ANNOUNCING THAT APPLICATIONS ARE DUE IN LATE SEPTEMBER OTHER ANNOUNCEMENTS ABOUT THE PROGRAMS ARE POSTED ON THE LIBRARY'S WEBSITE CULLMAN CENTER FELLOWSHIPS AT THE STEPHEN A SCHWARZMAN BUILDING ARE OPEN TO APPLICANTS IN THE HUMANITIES AND SOCIAL SCIENCES, INCLUDING ACADEMICS, INDEPENDENT SCHOLARS, CREATIVE WRITERS, AND VISUAL ARTISTS WHO ARE WORKING ON BOOKS THE CENTERS FELLOWSHIP COMPETITION HAS TWO STAGES FIRST, REVIEWERS WHO ARE EXPERTS IN EACH FIELD READ THE APPLICATIONS AND PROVIDE COMMENTS, SCORES, AND RANKINGS THEN A SEVEN-PERSON SELECTION COMMITTEE REVIEWS THE FINALIST APPLICATIONS AND CHOOSES THE CLASS OF FELLOWS FELLOWSHIPS IN THE SCHOLARS-IN-RESIDENCE PROGRAM AT THE SCHOMBURG CENTER ARE OPEN TO ACADEMICS AND INDEPENDENT SCHOLARS THE SCHOMBURG CENTER'S SELECTION COMMITTEE REVIEWS THE APPLICATIONS AND SELECTS THE FELLOWS THE SELECTION COMMITTEE IS COMPRISED OF FIVE EXTERNAL REVIEWERS WHO SERVE UNDER THE DIRECTION OF THE PROGRAM DIRECTOR FOR BOTH CENTERS, THE CRITERIA FOR SELECTION INCLUDE  $\,$  (1) THE NEED OF THE PROPOSED PROJECT FOR THE RESEARCH HOLDINGS OF THE LIBRARY  $\,$  (2) THE QUALITY AND FEASIBILITY OF THE PROJECT PLAN (3) THE LIKELIHOOD THAT THE PROJECT WILL BE COMPLETED SUCCESSFULLY (4) EXCELLENCE, AS SHOWN EITHER IN - A RECORD OF SIGNIFICANT ACCOMPLISHMENT BY AN APPLICANT ESTABLISHED IN HIS OR HER FIELD, OR - A HIGHLY PROMISING PROPOSAL BY AN APPLICANT (5) LETTERS OF RECOMMENDATION FROM OTHER SCHOLARS OR WRITERS IN SUPPORT OF THE PROJECT FELLOWS ARE IN RESIDENCE AT THE LIBRARY FOR THE ACADEMIC YEAR FOLLOWING THEIR SELECTION WHEN THEY FINISH THE BOOKS THEY WORKED ON AT THE LIBRARY, THEY SEND COPIES TO THE DIRECTORS OF THE PROGRAMS FOR MANY OF THESE BOOKS AND WRITERS, THE CULLMAN CENTER AND THE SCHOMBURG CENTER SPONSOR PUBLIC PROGRAMS THAT HIGHLIGHT AND DISCUSS THE FELLOWS BOOKS MAGIC GRANTS UNDER THE BRIDGEUP PROGRAM FOR INDIVIDUAL SCHOLARS ARE USED TO DEFRAY, OR COVER IN FULL, THE COSTS ASSOCIATED WITH THE SCHOLARS ENROLLMENT IN ACTIVITIES AND/OR PROGRAMS THAT SERVES TO ENHANCE THE SCHOLARS OVERALL EDUCATIONAL/LEARNING EXPERIENCE UPON ENROLLING IN BRIDGEUP, SCHOLARS AND FAMILIES ARE INFORMED THAT EACH STUDENT WHO REGULARLY ATTENDS AND ACTIVELY PARTICIPATES IN BRIDGEUP, WOULD HAVE THE OPPORTUNITY TO APPLY FOR A MAGIC GRANT AWARDS ARE DETERMINED BASED ON MAGIC GRANT APPLICATION / PROPOSAL WITH ADDITIONAL CONSIDERATION GIVEN TO THE FOLLOWING FACTORS, ALL OF WHICH ARE MONITORED BY BRIDGEUP STAFF ON AN ONGOING BASIS (1) SCHOLARS OVERALL ATTENDANCE AND COMMITMENT TO BRIDGEUP, (2) SCHOLARS OVERALL PARTICIPATION TO BRIDGEUP, AND (3) SCHOLARS OVERALL BEHAVIOR AS A BRIDGEUP PARTICIPANT DISBURSEMENT OF THE FUNDING ARE APPLIED DIRECTLY TO THE ORGANIZATION, PROGRAM, OR SOURCE IDENTIFIED AS THE ENTITY THAT PROVIDES THE SCHOLAR WITH THE ACTIVITY, PROGRAM, CLASS, SUPPLIES, ETC PURPOSE OF GRANTS TO ORGANIZATIONS SCHEDULE I, PART II,

DLN: 93493134019566

OMB No 1545-0047

Inspection

Open to Public

#### Schedule J (Form 990)

Department of the Treasury

Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

**Compensation Information** 

► Complete if the organization answered "Yes" to Form 990, Part IV, line 23. ► Attach to Form 990.

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990. **Employer identification number** 

Name of the organization THE NEW YORK PUBLIC LIBRARY ASTOR LENOX AND TILDEN FOUNDATIONS

13-1887440

Pai	rt I Questions Regarding Compensation					
			Yes	No		
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items					
	First-class or charter travel					
	☐ Travel for companions ☐ Payments for business use of personal residence					
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)					
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes			
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all					
	directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes			
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III					
	<u>_</u>					
	<ul> <li>✓ Compensation committee</li> <li>✓ Undependent compensation consultant</li> <li>✓ Compensation survey or study</li> </ul>					
	Form 990 of other organizations  Approval by the board or compensation committee					
	Approval by the board of compensation committee					
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization					
а	Receive a severance payment or change-of-control payment?	4a	Yes			
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Νο		
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Νο		
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III					
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.					
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any					
•	compensation contingent on the revenues of					
а	The organization?	5a		Νo		
b	Any related organization?	5b		No		
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of					
а	The organization?	6a		Νo		
b	Any related organization?	6b		Νο		
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No		
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was					
	subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe					
	ın Part III					
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9				

### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(1)-(111) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and	(D) Nontaxable	<b>(E)</b> Total of	<b>(F)</b> Compensation in
	(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	columns (B)(ı)-(D)	column(B) reported as deferred in prior Form 990
See Additional Data Table							

Schedule J (Form 990) 2014

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II

Also complete this part for any additional information

Return Reference	Explanation
REIMBURSEMENT OF CERTAIN EXPENSES	SCHEDULE J, PART I, LINE 1A THE LIBRARY REIMBURSES THE PRESIDENT FOR CLUB MEMBERSHIP DUES AND TUITION ALLOWANCES AS PER HIS EMPLOYMENT CONTRACT IN ADDITION, THE LIBRARY PROVIDES A MONTHLY HOUSING ALLOWANCE TO THE PRESIDENT AS STIPULATED BY HIS EMPLOYMENT CONTRACT SUCH AMOUNTS ARE TAXABLE COMPENSATION AND ARE INCLUDED IN OTHER REPORTABLE COMPENSATION ON SCHEDULE J, PART II, COLUMN (B) (III)
SEVERANCE PAYMENT	SCHEDULE J, PART I, LINE 4A JAMES PISANIELLO, FORMER VICE PRESIDENT FOR FACILITIES OPERATIONS AND SECURITY, SEPARATED ON APRIL 30, 2014 AND RECEIVED A SEVERANCE PAYMENT OF \$63,125
	SCHEDULE J, PART II, COLUMN B (III) OTHER REPORTABLE COMPENSATION IN COLUMN B (III) FOR CERTAIN LISTED EMPLOYEES INCLUDES AMOUNTS DEFERRED UNDER A SECTION 457 (B) PLAN AND CERTAIN IMPUTED INCOME AMOUNTS OTHER REPORTABLE COMPENSATION ALSO INCLUDES ANY SEVERANCE PAYMENT NOTED IN PART I, LINE 4A AND ACCRUED BENEFIT PAYOUTS TO DAVID G OFFENSEND AND JENNIER ZASLOW IN ADDITION, OTHER REPORTABLE COMPENSATION INCLUDES RELOCATION STIPEND FOR MARY LEE KENNEDY
RETIREMENT AND OTHER DEFERRED COMPENSATION	SCHEDULE J, PART II, COLUMN C RETIREMENT AND OTHER DEFERRED COMPENSATION REFLECTS THE CHANGE IN ACTUARIAL VALUE OF THE DEFINED BENEFIT PENSION PLAN, NEW YORK STATE AND LOCAL EMPLOYEES' RETIREMENT SYSTEM (NYSLRS), AND NOT THE LIBRARY'S ACTUAL CONTRIBUTION TO THE PLAN THE CHANGE IN ACTUARIAL VALUE IS BASED ON NYSLRS FISCAL YEAR APRIL 1, 2014 THROUGH MARCH 31, 2015
	SCHEDULE J, PART II COMPENSATION OF THE CHIEF OPERATING OFFICER, CHIEF FINANCIAL OFFICER AND TREASURER AND CHIEF EXTERNAL RELATIONS OFFICER IRIS WEINSHALL, CHIEF OPERATING OFFICER, CHIEF FINANCIAL OFFICER AND TREASURER, AND CARRIE WELCH, CHIEF EXTERNAL RELATIONS OFFICER, BEGAN WORKING AT THE LIBRARY IN SEPTEMBER 2014 AND OCTOBER 2014, RESPECTIVELY THEREFORE, CALENDAR YEAR 2014 COMPENSATION REFLECTS APPROXIMATELY 4 AND 3 MONTHS OF SERVICE, RESPECTIVELY COMPENSATION OF THE VICE PRESIDENT FOR CAPITAL PLANNING AND CONSTRUCTION RISA HONIG, VICE PRESIDENT FOR CAPITAL PLANNING AND CONSTRUCTION, BEGAN WORKING AT THE LIBRARY IN APRIL 2015, AS SUCH, NO COMPENSATION HAS BEEN EARNED OR REPORTED FOR CALENDAR YEAR 2014

Schedule J (Form 990) 2014

Software ID: Software Version:

**EIN:** 13-1887440

Name: THE NEW YORK PUBLIC LIBRARY

ASTOR LENOX AND TILDEN FOUNDATIONS

#### Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Form 990, Schedule J, P	art 13	•						
(A) Name and Title		(i) Base Compensation	f W-2 and/or 1099-MIS (ii) Bonus & Incentive	(iii) O ther reportable	(C) Retirement and other deferred compensation	( <b>D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	<b>(F)</b> Compensation in column (B) reported as deferred in prior Form 990
Anthony W Marx, TRUSTEE, PRESIDENT AND CEO	(I) (II)	498,951	compensation 0 0	compensation 222,436 0	45,642 0	35,164 0	802,193 0	0
JANE ABOYOUN, CHIEF TECHNOLOGY OFFICER	(ı) (ıı)		0	516 0	49,552 0	27,496 0	369,173 0	0
JACQUELINE F BAUSCH, VP, DEP GEN COUNSEL & ASST SEC	(I) (II)		0	657	133,515 0	29,444 0	414,968	0
RYAN D CAIRNS, VP FOR DEVELOPMENT-EFF 9/14	(1) (11)		0	232		10,936 0	267,120 0	0
TODD M CORBIN, CHIEF INVESTMENT OFFICER	(1) (11)		0	397 0	42,490 0	31,537 0	568,183	0
ANNE L CORISTON - End 215, VP FOR PUBLIC SVC THRU 10/14	(1) (11)		1 "1	336 0	124,566 0	15,083 0	390,169 0	0
MARY LEE KENNEDY, CHIEF LIBRARY OFFICER	(1) (11)		0	45,204	25,336 0	11,823 0	391,735 0	0
MICHELE COLEMAN MAYES, VP, GEN COUNSEL & SECRETARY	(1) (11)		0	2,902	10,093	14,512 0	355,214 0	0
GEORGE D MIHALTSES, VP FOR GOV & COMM AFFAIRS	(1) (11)		1 "1	347	32,209 0	24,703 0	233,397	0
JOANNA M PESTKA - End 115, VP CAPITAL PLAN & CONSTRUCTION	(1) (11)		0	8,973 0	286,070 0	22,029 0	528,940 0	0
CHRISTOPHER D PLATT, VP FOR PUBLIC SVC - EFF 10/14	(1) (11)		, °,	284	103,261	10,225 0	321,706 0	0
JEFFREY ROTH, VP, FINANCE & ASST TREASURER	(1) (11)		1 "	440	67,308 0	27,948 0	350,403 0	0
LOUISE SHEA, VP FOR HUMAN RESOURCES	(1) (11)			900	53,893 0	28,009	367,868 0	0
ANN D THORNTON - End 515, ANDREW W MELLON DIR NY PUB LIB	(1) (11)	217,263	0	17,782	83,164 0	34,389 0	352,598 0	0
KENNETH N WEINE, VP FOR COMM & MARKETING	(ı) (ıı)		1 ~ j	351	22,021	36,172 0	320,891	0
JANKIE BEHARRY, CONTROLLER	(1) (11)			· - 1		30,409 0	265,553	0
JACQUELINE Z DAVIS, DIRECTOR, NYPL PERFORMING ARTS	(1) (11)		0		70,313 0	12,630 0	276,329 0	0
KRISTIN MCDONOUGH, DIRECTOR, SIBL	(ı) (ıı)		1 ~1	/	91,347 0	14,191 0	300,338	0
KHALIL GIBRAN MUHAMMAD, DIRECTOR, THE SCHOMBURG CENTER	(1) (11)		1 ~ j		1	17,173 0	262,344 0	0
JEAN STROUSE, DIRECTOR, SCHOLARS/WRITERS CEN	(I) (II)		ı "		67,813 0	10,198 0	315,629 0	0

## Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(i) Base Compensation	f W-2 and/or 1099-MIS (ii) Bonus & incentive compensation	SC compensation (iii) Other reportable compensation	(C) Retirement and other deferred compensation	<b>(D)</b> Nontaxable benefits	(E) Total of columns (B)(ı)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
DAVID G OFFENSEND - End 414, COO, CFO & TREASURER	(I) (II)	1 -1	0	9,124 0	91,659 0	8,216 0	204,904	0 0
JAMES PISANIELLO - End 414, VP FACILITIES OPS & SECURITY	(I) (II)	52,792 0	0	74,422 0	0	1,760 0	128,974 0	0
JENNIFER ZASLOW - End 514, VP FOR DEVELOPMENT	(I) (II)	92,627	0	24,267 0	-73,515 0	11,708	55,087 0	0

DLN: 93493134019566

OMB No 1545-0047

**SCHEDULE M** (Form 990)

Department of the Treasury

Internal Revenue Service

# **Noncash Contributions**

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. ► Attach to Form 990.

▶Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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THE	ne of the organization NEW YORK PUBLIC LIBRARY				Employer identificat	ion nu	mber	
_	or LENOX AND TILDEN FOUNDATIONS  TYPES OF Property				13-1887440			
P	itt Types of Property	(a) Check If applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line	( <b>d</b> Method of d noncash contrib	etermı	_	ıts
1	Art—Works of art	X	56	-9	N/A			
	Art—Historical treasures .				,			
_	Art—Fractional interests							
4	Books and publications	X			N/A			
5	Clothing and household goods				,			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .	X	52	2,532,098	MARKET PRICE			
10	Securities—Closely held stock .							
11	Securities—Partnership, LLC, or trust interests							
	Securities—Miscellaneous							
13	Qualified conservation contribution—Historic structures							
14	Qualified conservation contribution—Other							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—O ther							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxıdermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	O ther ► ()							
26	O ther ▶()							
27	O ther ► ()							
28	Other ► ()							
29	Number of Forms 8283 received for which the organization comple				29		l .,	5
20-	During the year, did the organize	ation rocoly	a by contribution any propo	erty reported in Part I. lines	1 through 20 that		Yes	No
300	it must hold for at least three ye							
	for exempt purposes for the enti			·	ired to be used	20-		N
						30a		No
31	<ul> <li>If "Yes," describe the arrangem</li> <li>Does the organization have a git</li> </ul>			eview of any non-standard	contributions?	31	Yes	
328	Does the organization hire or us contributions?	-	<del>-</del>	to solicit, process, or sell	noncasii			<b> </b>
-						32a		No
	If "Yes," describe in Part II	<b>.</b>	run galumar /=\ f==== toos = f		(a) ia ahlil			
33	If the organization did not report describe in Part II	ı an amount	. III column (c) for a type of	property for which column	(a) is checked,			

32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions		
number of items rec	eived, or a combination of both. Also complete this part for any additional information.	
Return Reference	Explanation	

REVENUE NOT REPORTED FOR CONTRIBUTED PROPERTY

SCHEDULE M, PART I, LINE 33 DONATED COLLECTION ITEMS ARE NOT RECORDED REFER TO SCHEDULE D, PART III, LINE 1A

Schedule M (Form 990) (2014)

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493134019566

OMB No 1545-0047

2014

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### SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization
THE NEW YORK PUBLIC LIBRARY
ASTOR LENOX AND TILDEN FOUNDATIONS

Employer identification number

13-1887440

Return Reference	Explanation
volunteers	FORM 990, PART I, LINE 6 VOLUNTEERS PLAY A VITAL ROLE AT THE LIBRARY BY DONATING THEIR TIME, TALENT AND SKILLS, THEY SUPPORT AND ENHANCE THE LIBRARY'S PROGRAMS, SERVICES AND MISSION WHILE SHARING THEIR ASSISTANCE AND ENTHUSIASM WITH STAFF AND VISITORS SUBJECT TO APPLICANTS' QUALIFICATIONS AND INTERESTS, VOLUNTEER POSITIONS MAY BE AVAILABLE IN DEPARTMENTS SUCH AS INFORMATION DESKS, LIBRARY SHOP, LIVE@NYPL, TOURS, TEACHING ENGLISH FOR SPEAKERS OF OTHER LANGUAGES, LITERACY TUTORING, HELPING WITH CRAFT CLASSES FOR CHILDREN, TEACHING KNITTING OR CHESS, OR DOING READ-ALOUDS FOR CHILDREN SOME VOLUNTEERS ASSIST WITH GENERAL OFFICE, PHONE WORK AND ESPECIALLY, SHELVING BOOKS AND/OR HELPING TO MAINTAIN ORDERLY SHELVES

Return Reference	Explanation
program services	FORM 990, PART III, LINE 4 LINE 4A - THE BRANCH LIBRARIES THE SERVICES OF THE 88 BRANCH LIBRARIES EXTEND FAR BEY OND THE TRADITIONAL LENDING ROLE USUALLY ASSOCIATED WITH NEIGHBORHOOD LIBRARIES, TO PROVIDE VITAL OUTREACH SERVICES AND PROGRAMS TO SCHOOLS, NURSING HOMES, HOSPITALS, SHELTERS AND PRISONS, AND TO THE BLIND AND PHY SICALLY HANDICAPPED, INCLUDING BOOK-BY-MAIL DELIVERIES TO THE HOMEBOUND IN FISCAL 2015, THERE WERE 14 0 MILLION VISITS TO THE BRANCH LIBRARIES BY INDIVIDUALS WHO BORROWED 23 3 MILLION ITEMS THE BRANCH LIBRARIES SPONSORED 77,823 PROGRAMS, ATTENDED BY 1,443,213 ADULTS AND CHILDREN COLLECTIONS INCLUDE 5 5 MILLION BOOKS AND 1 1 MILLION NONPRINT ITEMS SUCH AS FILMS, VIDEOTAPES, PICTURES, AUDIO RECORDINGS AND MATERIALS FOR THE BLIND REFERENCE INQUIRIES TOTALED 9 1 MILLION AND DIRECTIONAL INQUIRIES WERE APPROXIMATELY 4 4 MILLION

Return Reference	Explanation
program services	LINE 4B - THE RESEARCH LIBRARIES DURING FISCAL 2015, THE FOUR RESEARCH LIBRARIES - THE STEPHEN A SCHWARZMAN BUILDING, THE SCIENCE, INDUSTRY AND BUSINESS LIBRARY, THE SCHOMBURG CENTER FOR RESEARCH IN BLACK CULTURE, AND THE LIBRARY FOR PERFORMING ARTS - HAD 3 7 MILLION ON-SITE USERS LIBRARY STAFF RESPONDED TO 308,336 REFERENCE INQUIRIES OF 45 2 MILLION COLLECTION ITEMS, APPROXIMATELY 16 7 MILLION ARE BOOKS AND BOOK-LIKE MATERIALS, AND THE REMAINDER CONSISTS OF ITEMS SUCH AS AUDIO RECORDINGS, FILMS, MAPS, SHEET MUSIC, PRINTS, AND CLIPPINGS THE RESEARCH LIBRARIES HAVE AN EXTENSIVE CONSERVATION AND PRESERVATION PROGRAM THROUGH RESTORATION, PRESERVATION, MICROFILMING AND REPRINT, 71,278 ITEMS WERE PRESERVED IN ADDITION, ABOUT 2,004 HOURS OF VIDEO TAPE MEDIA, 6,404 HOURS OF RECORDED SOUND MEDIA, AND 13,265 FEET OF MOTION PICTURE FILM WERE PRESERVED AS PART OF THE LIBRARY'S RICH PUBLIC EDUCATION PROGRAM, 30 MAJOR EXHIBITIONS WERE MOUNTED AT THE FOUR LIBRARIES, AND A NUMBER OF SMALLER DISPLAYS WERE ON VIEW ALL YEAR EMINENT SCIENTISTS, SCHOLARS AND WRITERS PARTICIPATED IN LECTURES, PANEL DISCUSSIONS, AND RECITALS, FURTHERING THE LIBRARY'S EFFORTS TO MAKE AVAILABLE TO THE PUBLIC A SERIES OF EDUCATIONAL AND CULTURAL PROGRAMS OF THE HIGHEST QUALITY

Return Reference	Explanation
relationships	FORM 990, PART VI, LINE 2 *TRUSTEE, DINAKAR SINGH AND TRUSTEE, ELIZABETH KOJIMA - BUSINESS RELATIONSHIP *TRUSTEE, LOUISE L GRUNWALD AND TRUSTEE, ROBERT LIBERMAN - FAMILY RELATIONSHIP *TRUSTEE, MAHNAZ ISPAHANI BARTOS AND TRUSTEE, EDGAR WACHENHEIM III - BUSINESS RELATIONSHIP *TRUSTEE, JAMES S TISCH AND TRUSTEE, EDGAR WACHENHEIM III - BUSINESS RELATIONSHIP

Return Reference	Explanation
review of form 990	FORM 990, PART VI, LINE 11B THE LIBRARY'S FORM 990 IS PREPARED AND REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM USING INFORMATION PROVIDED BY THE LIBRARY THE DRAFT FORM 990 IS REVIEWED BY CERTAIN OFFICERS AND KEY EMPLOYEES AS REQUIRED BY THE CHARTER OF THE AUDIT COMMITTEE OF THE BOARD OF TRUSTEES, THE FORM 990 IS THEN SENT TO THE MEMBERS OF THE AUDIT COMMITTEE FOR THEIR REVIEW WITH MANAGEMENT AT A SCHEDULED AUDIT COMMITTEE MEETING PRIOR TO FILING FINALLY AND ALSO PRIOR TO FILING, THE FORM 990 IS SENT TO THE MEMBERS OF THE BOARD OF TRUSTEES FOR REVIEW

Return Reference	Explanation
CONFLICT OF INTEREST POLICY	FORM 990, PART VI, LINE 12C PROPOSED CANDIDATES FOR TRUSTEES, OFFICERS AND KEY EMPLOYEE POSITIONS ARE PROVIDED WITH A COPY OF THE POLICY STATEMENT AND QUESTIONNAIRE, AND MUST DISCLOSE ANY POTENTIAL CONFLICTS IN ADVANCE OF ELECTION OR APPOINTMENT EACH TRUSTEE, OFFICER, AND KEY EMPLOYEE IS PROVIDED WITH A COPY OF THE POLICY ON AN ANNUAL BASIS UPON RECEIPT, EACH SUCH TRUSTEE, OFFICER, AND KEY EMPLOYEE IS REQUIRED TO PROMPTLY COMPLETE, SIGN, AND RETURN THE CONFLICT OF INTEREST ANNUAL STATEMENT AND ANNUAL QUESTIONNAIRE. Each Conflict Of Interest Statement And Annual Questionnaire is Reviewed And Evaluated in Accordance With The Policy For Any Actual And/Or Potential Conflict Of Interest A Trustee, Officer Or Key Employee Shall Not Vote On, Approve Or Recommend Any Transaction in Which He Or She Or Any Member Of His Or Her Family Has Any Actual Or Potential Conflict Of Interest if The Trustee, Officer Or Key Employee is Present At A Meeting Of The Board Or Any Committee At Which Such Matter is Considered, The Trustee, Officer, Or Key Employee Shall Leave The Meeting During Any Discussions Or Vote Relating To Such Matter Prior To Approval, The Audit Committee Or The Board Must Determine That The Transaction is Fair, Reasonable And in The Library's Best Interest, And if A Trustee, Officer Or Key Employee Has A "Substantial Financial Interest", Must Consider Alternative Transactions To The Extent Available

Return Reference	Explanation
compensation review and approval	FORM 990, PART VI, LINES 15A & 15B THE COMPENSATION AND TALENT DEVELOPMENT COMMITTEE OF THE BOARD OF TRUSTEES MEETS AT LEAST THREE TIMES A YEAR TO REVIEW THE COMPENSATION OF THE PRESIDENT, OFFICERS AND KEY EMPLOYEES OF THE LIBRARY, AS RECORDED CONTEMPORANEOUSLY IN THE MINUTES. THE LIBRARY REGULARLY CONSULTS COMPETITIVE DATA INCLUDING PUBLISHED SURVEYS AND FORM 990 DATA WHEN REVIEWING AND MAKING COMPENSATION AND SALARY ADJUSTMENTS. IN ADDITION, THE LIBRARY RETAINS THE SERVICES OF AN INDEPENDENT CONSULTING FIRM TO SURVEY EXECUTIVE COMPENSATION AMONG PEER ORGANIZATIONS TO PRESENT TO THE COMPENSATION AND TALENT DEVELOPMENT COMMITTEE OF THE BOARD OF TRUSTEES FOR REVIEW AND TO SUPPORT DELIBERATIONS IN MAKING COMPENSATION DECISIONS. THE LAST REVIEW BY AN INDEPENDENT CONSULTING FIRM WAS DONE IN JUNE 2014, AS THE REVIEW IS CONDUCTED EVERY TWO YEARS.

Return Reference	Explanation
public disclosure	FORM 990, PART VI, LINE 19 THE LIBRARY'S GOVERNING DOCUMENTS (BY LAWS AND CHARTER) ARE MADE AVAILABLE TO THE GENERAL PUBLIC AS THEY ARE POSTED ON THE LIBRARY'S WEBSITE. THE LIBRARY'S CONFLICT OF INTEREST POLICY IS MADE AVAILABLE TO THE GENERAL PUBLIC AS IT IS POSTED ON THE LIBRARY'S WEBSITE. THE LIBRARY'S AUDITED FINANCIAL STATEMENTS ARE MADE AVAILABLE TO THE GENERAL PUBLIC AS THEY ARE POSTED ON THE LIBRARY'S WEBSITE AND PROVIDED UPON REQUEST. ACTING CHIEF FINANCIAL OFFICER AND TREASURER FORM 990, PART VII EFFECTIVE MAY 2014 THROUGH SEPTEMBER 2014, CARL H. PFORZHEIMER III, LIFE TRUSTEE, WAS THE ACTING CHIEF FINANCIAL OFFICER AND TREASURER AND DID NOT RECEIVE ANY COMPENSATION FOR HIS ROLE.

Return Reference	Explanation
GAIN ON SALE OF OTHER ASSETS	Form 990, Part VIII, Line 7a, column (ii) On July 6, 2011, the Library entered into an initial closing on the sale of one of its fully depreciated buildings in which it received gross proceeds of \$58,803,104 before transaction fees of \$675,602, representing partial consideration of the total purchase price of the building. On October 17, 2014, the Library received the remaining consideration of \$600,000 and a condominium unit valued at \$30,000,000 and recognized gain on the sale of \$88,727,502. The Library is building out the condominium unit as a new branch library. The proceeds from the sale, beyond what will be needed for the new library, will be used to support the needs of other branch libraries and library-wide activities.

PRIOR PERIOD ADJUSTMENT  FORM 990, PART XI, LINE 8 EFFECTIVE JULY 1, 2014, THE LIBRARY CHANGED ITS METHOD OF DETERMINING THE AMOUNT OF ACCRUED POSTRETIREMENT BENEFIT COSTS FOR BOTH UNION AND NON-UNION EMPLOYEES WHOSE SALARIES AND FRINGE BENEFITS ARE FUNDED BY THE CITY ACCOUNTING PRINCIPLES PERMIT AN EMPLOYER TO CONSIDER SOURCES OF FUNDING WHEN MEASURING THE ACCRUED POSTRETIREMENT OBLIGATION THE LIBRARY BELIEVES THAT IT IS PREFERABLE TO CONSIDER THE CITY'S CONTINUED COMMITMENT TO FUND THE POSTRETIREMENT BENEFIT COSTS WHEN PAY ABLE IN THE FUTURE SIMILAR TO HOW IT CONSIDERS THE EXPECTED RETIREE CONTRIBUTIONS AND MEDICARE SUBSIDIES WHEN DETERMINING FUNDED STATUS THEREFORE, THE LIBRARY'S POSTRETIREMENT BENEFIT OBLIGATION NOW CONSIDERS THE PRESENT VALUE OF THE FUTURE APPROPRIATIONS FROM THE CITY TO FUND A SIGNIFICANT PORTION OF POSTRETIREMENT BENEFITS AS THEY BECOME DUE PREVIOUSLY, THE LIBRARY ACCRUED SUCH BENEFIT COSTS FOR BOTH UNION AND NON-UNION EMPLOYEES WHOSE SALARIES AND FRINGE BENEFITS ARE FUNDED BY THE CITY WITHOUT CONSIDERING THE CITY'S FUNDING OF SUCH BENEFIT COSTS AS A RESULT OF THIS CHANGE IN ACCOUNTING PRINCIPLE, THE LIBRARY RECOGNIZED A CHANGE IN THE FUNDED STATUS OF THE POSTRETIREMENT BENEFIT PLAN RETROSPECTIVELY TO JUNE 30, 2014 AND INCREASED NET ASSETS BY \$89,551,128	Return Reference	Explanation
		OF ACCRUED POSTRETIREMENT BENEFIT COSTS FOR BOTH UNION AND NON-UNION EMPLOYEES WHOSE SALARIES AND FRINGE BENEFITS ARE FUNDED BY THE CITY ACCOUNTING PRINCIPLES PERMIT AN EMPLOYER TO CONSIDER SOURCES OF FUNDING WHEN MEASURING THE ACCRUED POSTRETIREMENT OBLIGATION THE LIBRARY BELIEVES THAT IT IS PREFERABLE TO CONSIDER THE CITY'S CONTINUED COMMITMENT TO FUND THE POSTRETIREMENT BENEFIT COSTS WHEN PAY ABLE IN THE FUTURE SIMILAR TO HOW IT CONSIDERS THE EXPECTED RETIREE CONTRIBUTIONS AND MEDICARE SUBSIDIES WHEN DETERMINING FUNDED STATUS THEREFORE, THE LIBRARY'S POSTRETIREMENT BENEFIT OBLIGATION NOW CONSIDERS THE PRESENT VALUE OF THE FUTURE APPROPRIATIONS FROM THE CITY TO FUND A SIGNIFICANT PORTION OF POSTRETIREMENT BENEFITS AS THEY BECOME DUE PREVIOUSLY, THE LIBRARY ACCRUED SUCH BENEFIT COSTS FOR BOTH UNION AND NON-UNION EMPLOYEES WHOSE SALARIES AND FRINGE BENEFITS ARE FUNDED BY THE CITY WITHOUT CONSIDERING THE CITY'S FUNDING OF SUCH BENEFIT COSTS AS A RESULT OF THIS CHANGE IN ACCOUNTING PRINCIPLE, THE LIBRARY RECOGNIZED A CHANGE IN THE FUNDED STATUS OF THE POSTRETIREMENT

Return Reference	Explanation
OTHER CHANGES IN NET ASSETS	FORM 990, PART XI, LINE 9 POSTRETIREMENT BENEFITS CHANGES OTHER THAN NET PERIODIC BENEFIT COST \$(15,151,755) LOSS ON EXTINGUISHMENT OF DEBT * (SEE NOTE BELOW) \$ (438,322) GAIN ON INTEREST RATE AGREEMENTS *(SEE NOTE BELOW) \$ 1,025,804

DLN: 93493134019566

2014

OMB No 1545-0047

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**SCHEDULE R** (Form 990)

Department of the Treasury Internal Revenue Service

**Related Organizations and Unrelated Partnerships** ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization THE NEW YORK PUBLIC LIBRARY ASTOR LENOX AND TILDEN FOUNDATIONS

**Employer identification number** 13-1887440

Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33.												
(a)  Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity							

Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one Part II or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))		(g) Section 512(b) (13) controlled entity?		
						Yes	No	
(1) BRYANT PARK CORPORATION (BPC) 1065 AVE OF AMERICAS STE 2400  NEW YORK, NY 10018 13-3009946	PARK MGMT	NY	501 (C) (3)	11A	NA		No	
13 3003310					l	<u> </u>		

Yes No

Yes

No

Part III	Identification of Related Organizations Taxable a because it had one or more related organizations treated.		•		ation answ	ered "Ye	s" on Form	990, Part I	V, line 34	1
	(a) Name, address, and EIN of related organization	(c) Legal domicile (state or foreign country)	<b>(d)</b> Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	<b>(f)</b> Share of total income		allocations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	I	<b>(k)</b> Percentag ownershi
				,						

Part IV	Identification of Related Organizations Taxable as a Corporation or Trust Complete of the organization answered "Yes" on Form 990, Part	ΙV,
	line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.	

(a) Name, address, and EIN of related organization			(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(g) Share of end-of- year assets	<b>(h)</b> Percentage ownership	(i) Section (b)(i) contro enti	n 512 13) olled
							Yes	No
(1) PERPETUAL TRUST	INVESTMENT	NY	NA					No

chedule K (Form 550) 2014				٢ .	age <b>J</b>
Part V Transactions With Related Organizations Complete if the organization answer	ered "Yes" on Forn	n 990, Part IV, line	e 34, 35b, or 36.		
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes	No
<b>1</b> During the tax year, did the orgranization engage in any of the following transactions with one or more re	lated organizations li	sted in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			1a		No
<b>b</b> Gift, grant, or capital contribution to related organization(s)			1b		No
c Gift, grant, or capital contribution from related organization(s)			1c		No
<b>d</b> Loans or loan guarantees to or for related organization(s)			1d		No
e Loans or loan guarantees by related organization(s)			1e		No
f Dividends from related organization(s)			1f		No
g Sale of assets to related organization(s)			<b>1</b> g		No
h Purchase of assets from related organization(s)			1h		No
i Exchange of assets with related organization(s)			1i		No
j Lease of facilities, equipment, or other assets to related organization(s)			<u>1j</u>		No
k Lease of facilities, equipment, or other assets from related organization(s)			1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)			11		No
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)			1m	1	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			1n	1	No
• Sharing of paid employees with related organization(s)			10		No
p Reimbursement paid to related organization(s) for expenses			1p		No
q Reimbursement paid by related organization(s) for expenses			1q		No
r Other transfer of cash or property to related organization(s)			1r		No
s Other transfer of cash or property from related organization(s)			1s	Yes	
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	this line, including co	overed relationships	and transaction thresholds		
<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount	ınvolve	d
	I	1			

Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount involved

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

Name, address, and EIN of entity  Name, address, and ent	[					·								
514)			Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under	50 orga	all partners section 01(c)(3)	Share of total	Share of end-of-year	Disproprtiona		Code V-UBI amount in box 20 of Schedule K-1	General or managing		Percentage
				514)	Yes	No	1		Yes	No	ı İ	Yes	No	
					لــــــــا				163					ļ

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

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